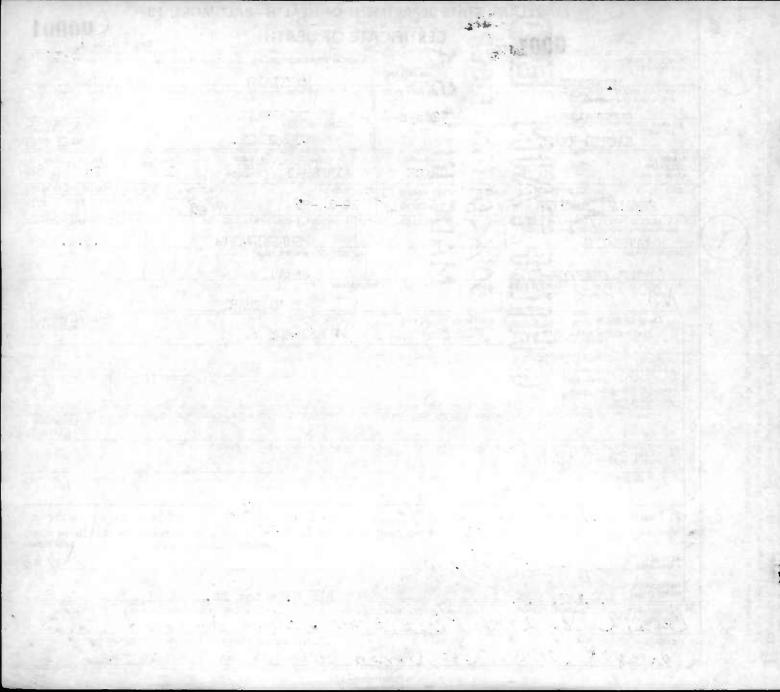
TO HOSPITA

VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1tem 9 FilmG255 2-4-60 et CERTIFICATE OF DEATH

	OLKIII IOA	TIE OI DEATH		Reg. Dist. No.
D. PLACE OF DEATH o. COUNTY ATTECLANY	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUN	ution: Residence before admission) TY ATTEGANY
	LENGTH OF STAY IN 16			RURAL and give nearest town)
d. NAME OF HOSPITAL (IF hos in hospital, give street oddr OR INSTITUTION SACRED HEART	52days	d. STREET ADDRESS CHURCH	SLIE H ST.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print) MARY	Middle GRACE	Lost AIRESMAN	4. DATE MOF DEATH	Nonth Day Yeor 24 1960
SEX 6. COLOR OR RACE 7. MARRIED FEMALE WHITE WIDOWED		10-14-95	9. AGE (In year lost birthdoy	rs FUNDER 1 YEAR FUNDER 24 HR r) Months Days Hours Min.
a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTR
H OUSEWIFE		PENNS	<u>LVANIA</u>	U.S.A.
SAMUEL SHAFFER (D)		SARAH		(D)
	IAL SECURITY NO.	NFORMANT PT'S	CHART	ddress
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO DUE TO (b) DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CONT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION (GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
	E HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. 19 While of work	Not while for	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)		(County) (Sto
21. I certify that I attended the deceosed olive on			/	ond on the dote stoted oborn, stote) DATE SIGN
PHYSICIAN'S NAME (Type)		156_N_Ce		
REMOVAL (Specify) Jan. 27/960	c. NAME OF CEMETERY O	Hee Cemete	22d. LOCATION (City, town	uset, Va. Ku
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Humburg	240. REC'D		GISTRAR'S SIGNATURE



arthur S. Krays

DATE FEB 3

J. R. DURST, FROSTBURG, MD.

VS A15 (4)

The Street and Shares of 1909 AND THE STATE OF T OF THE STATE OF STREET STREET, PROJECT STREET, CONSISTENCE OF THE STREET, INC. 10. The contract of the contract o 060

death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

TO HOSPITAL

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

RURAL and give peores flown) CUMBERLAND, MD. d. NAME OF HOSPITAL (If not in hospitol, give street address) d. NAME OF HOSPITAL (If not in hospitol, give street address) J. NAME OF HOSPITAL (If not in hospitol, give street address) J. NAME OF HOSPITAL (If not in hospitol, give street address) J. NAME OF HOSPITAL (If not in hospitol, give street address) J. NAME OF DECEASED (Type or print) S. SEX G. COLOR OR RACE J. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED W. OCTOBER 8, 1890 OCTOBER 11. BIRTHPLACE (shole or fore PENNSYLVANI) 13. FATHER'S NAME IS ABC BING MAN IS ABC BING MAN IS ABCESIONED IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IN NON IN NON IN NON IS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gave rise to immediate but to the under: Due To Conditions, if any, which gave rise to immediate but To The SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI OR CANCIDENT WAS UNDERSTRING OR ACCIDENT WAS UNDERSTRING OR ACCIDENT WAS UNDERSTRING ON YEAR OF WORK of the deceased drive and private of work of two work of work of two work of work of two work of tw		a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATEMARYLAND	b. COUNTY ALLE	ce before admission) GANY
OR INSTITUTION MEMORIAL HOSPITAL 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE WHITE WIDOWED 100. USUAL OCCUPATION (Give kind of work done during most) of working life, even if refired) BARBER 110. USUAL OCCUPATION (Give kind of work done during most) of working life, even if refired) BARBER 113. FATHER'S NAME I SABCE BING BMBN 113. WAS DECEASEDEVER IN U. S. ARMED FORCES? (If s. SOCIAL SECURITY NO. IT, INFORMANT (If yet, give wor or define of service) 114. MOTHER'S MAIDEN NAME Hammah Bing 115. WAS DECEASEDEVER IN U. S. ARMED FORCES? (If s. SOCIAL SECURITY NO. IT, INFORMANT (If yet, give wor or define of service) 116. SOCIAL SECURITY NO. IT, INFORMANT 117. INFORMANT 118. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: WO DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under: Lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIVING COURRED (IF ITHER, NOTHY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIVING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter noture of injury in Part I company to the deceased dilive an and the deceased from the deceased from the deceased dilive and the deceased from the deceased from the deceased dilive and the deceased from the deceased		RURAL and give neorest town)	A CONTRACTOR OF THE PARTY OF TH	c. CITY OR TOWN (If outside corporate and co	orote limits, write RURAL ond g	give nearest town)
DECEASED (Type or print) S. SEX MALE OCTOBER 8, 1890 II. BIRTHPLACE (Stole or fore the stole of service) OCTOBER 8, 1890 OCTOBER 6, 1890 OCTOBER 8, 1890 OCTOBER 6, 1890 OCTOBER 6, 1890 OCTOBER 6, 1890 OCTOBER 8, 1890 OCTOBER 6, 1890		d. NAME OF HOSPITAL (If not in hospitot, give street OR INSTITUTION MM MEMORIAL HOSPITAL	address)	d. STREET ADDRESS 85 BOWERY ST	REET	e. IS RESIDENCE ON A FARM? YES NO
MALE WHITE WIDOWED DIVORCED (X) OCTOBER 8, 1890 Illou. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) BARBER 13. FATHER'S NAME Is a C Bingaman Is. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) If you, give wor dofter of vervice) NO NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under-lying couse last. OR CONTRIBUTING CAUSE OF DEATH HOUR OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI USAN DECEASED EVER NO. 12. INJURY OCCURRED (Enter nature of injury in Part I contributing to Death But Not related to The Terminal DI OR CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI OR CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI OR CONTRIBUTING CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI OR CONTRIBUTION CONTRIBUTION CONTRIBUTION COCCURRED (Enter nature of injury in Part I contributed to the deceased from the company of factory, street, office bidg., etc.) of part of the part of		DECEASED		OF	0.11.0.11.0	27 19 60
BARBER 13. FATHER'S NAME I.S. WAS DECEASEDEVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. I.7. INFORMANT IIS. WAS DECEASEDEVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. I.7. INFORMANT IIS. WAS DECEASEDEVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. I.7. INFORMANT NO NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under lying couse last. OR CONTRIBUTING CAUSE OF DEATH DUE TO OR CONTRIBUTING CAUSE OF DEATH CITY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI OR CONTRIBUTING CAUSE OF DEATH CITY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED While of work Or wor		MALE MILTE		OCTOBER 8, 1890	9. AGE (In years lif UNDER last brithdoy) 9. Months 9. AGE (In years lif UNDER Months)	1 YEAR IF UNDER 24 HRS. Days Hours Min.
1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (18, no. or unknown) (19 yes, give wor or dotes of service) (19 yes, give wor or dotes of service) (10 yes, give wor or dotes of service) (11 yes, give wor or dotes of service) (12 4 - 32 - 3129 (13 Yes, no. or unknown) (14 yes, give wor or dotes of service) (15 yes, give wor or dotes of service) (16 yes, give wor or dotes of service) (17 yes, give wor or dotes of service) (18 Yes, give wor or dotes of service) (19 yes, give wor or dotes of service) (19 yes, give wor or dotes of service) (10 yes, give wor or dotes of service) (11 yes, give wor or dotes of service) (12 yes, give wor or dotes of service) (12 yes, give wor or dotes of service) (15 yes, give wor or dotes of service) (16 yes, give wor or dotes of service) (17 yes, give wor or dotes of service) (18 yes, give wor or dotes of service) (19 yes, give wor or dotes of service) (20 yes finally represented by the form of the form of the final or dotes of service) (20 yes finally represented by the final or dotes of service) (21 yes finally yes, give wor or dotes of service) (22 yes finally yes, give wor or dotes of service) (22 yes finally yes, give wor or dotes of service) (22 yes finally yes, give wor or dotes of service) (22 yes finally yes, give wor or dotes of service) (22 yes finally yes, give wor or dotes of service) (23 yes finally yes, give wor or dotes of service) (24 yes finally yes, give wor or dotes of service) (25 yes finally yes, give wor or dotes of service) (26 yes finally yes, give wor or dotes of service) (27 yes finally yes, give wor or dotes of service) (28 yes final	1	during most of working life, even if retired) BARBER		PENNSYLVANIA (U.S.A.
(Yes. no. or unknown) (If yes, give war ard dates of service) 214-32-3129 MEMORIAL HOSPITA	1			Hannah Bingar		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under. Iying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COURRED While of work of wo		(Yes, no, or unknown) (If yes, give war or dates of service)		MEMORIAL HOSPITAL	- CUMBERLAND,	MD.
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I of Recognition of Part I of Recognition of Part I of Recognition of Recognit	/	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 44-90 × DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under-lying couse last. (b) DUE TO (c)	Con (Pt)	recumen o	Elbro Zion Se condition given in PAR	INTERVAL BETWEEN ONSET AND DEATH
Hour a. m. p. m. 19 While at work of while of work at least of work at lea	,	CATCO				PERFORMED? YES NO
saw the deceased alive an		20c. TIME OF INJURY Month, Doy, Year 20d. Hour a. m. While at wo	Not while fa	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	y or town) (C	County) (Stote)
REMOVAL (Specify)		saw the deceased alive an first	27_1960, and that, o	M.D. ATTENDING MED. DIRECTOR DIRECTOR	STAFF	that (I) (we) last date stated above.
24. FUNERAL DIRECTOR'S SIGNATURE HE FOR FUNEADDRESS Home 250. REC'D BY R	1	REMOVAL (Specify) 1-30-60 24. FUNERAL DIRECTOR'S SIGNATURE HAFE' F	Hill Crest	Memorial Park	Cimberland STRAR 25b. REGISTRARS SIG	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 0097

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Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY A	legany.		MARY	LAND	2. USUAL RESIDENCE (WI	here deceased and	lived. If institution b. COUNTY		egany	
b. CITY OR TOWN	(If outside corporate limi neorest town) PLING	ts, write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpor		JRAL ond g	give nearest to	own)
d. NAME OF HOSP OR INSTITUTION	ital (If not in hospitol, gichwood St	reet	dress)		d. STREET ADDRESS Beac	hwood	Street		10	RESIDENCE NA FARM?
3. NAME OF DECEASED (Type or print)	Mary	_	Isabel1	Le	Boettcher	4. DATE OF DEATH	Janua		Day 28	Yeor 1960
5. SEX Female	6. COLOR OR RACE White	7. MARRIEI			B. DATE OF BIRTH	15	9. AGE (In years lost bythdoy)	Months	1 YEAR IF UN Days Hou	NDER 24 HRS.
10a. USUAL OCCUPAT during most of we HOUSE	ION (Give kind of work prking life oven if retired	done 10b. Kli	wn Home	R INDUS	In BIRTHPLACE (Stote Lonaconin				U.S.A	AT COUNTRY?
13. FATHER'S NAME	James Ge	teon			14. MOTHER'S MAIDEN I		uckwort	h		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		CIAL SECURITY NO	, 17. 11	NFORMANT		Addr			
[Yes, no. or unknown]	(If yes, give war ar dates of s	ervice)		j	ohn Boette	her	Lona	coni	ng, M	ld.
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o		for (o), (b), ond (c).]	"Husband"		A		INTERVAL ONSET AI	BETWEEN ND DEATH
170 X Conditions, if		1	reinon	no	of bress	to N	rith		Jon	7,195
gove rise to couse (o), stoting tying couse lost	g the under- DUE TO		Cerebro	0	Inelasto	sis				
PART II. O' PART II. O' O' O' O' O' O' O' O' O' O'	THER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	CCURRE	D. (Enter noture of injury in	Port I or Port	II of item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	10	While of work [Not while of work	20e. PL/ foc	ACE OF INJURY (Home, form tory, street, office bldg., etc	n, 20f. (City	or town)	(C	County)	(Stote)
21. I certify t	that I attended the	deceased , 19.5_7		7- death	occurred at 3 00 p		the causes a	nd an th		ne deceased ated abave.
ACTUAL SIGNATURE	Dorlle	10.	ml		36	ADDRESS (Str	eet, city or town,	stole)	z/*	DATE SIGNED
PHYSICIAN'S NAME (Type)	EARL 1	2. 6	PAUL		Cum	berli	and,	h	rol.	
220. BURIAL, CREMATI BENOVILE (Fecif)			Oak Hil		emetery	22d. LOCAT	ION (City, town, on aconin	er county)	Md	late)
George E	r's signature ichhorn	Lon	aconing,	Md		D BY REGISTI		TRAR'S SIG		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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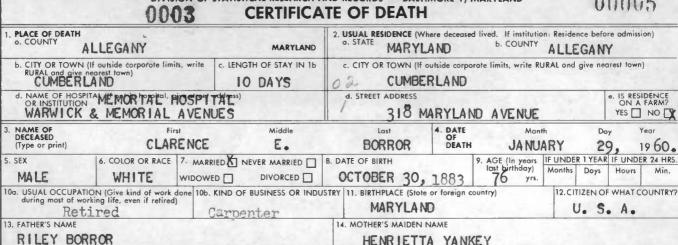
physician attending 1 puo þ permit. been signed burial-transit cremation, has certificate detached CTOR:

attending physician

pe DIREC TO FUNERAL DIRE VR A15 (4) 1SM 9/59

Board

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address ves, give war or dates of service) MEMORIAL HOSPITAL - CUMBERLAND, MD. No 217-10-639 1B. CAUSE OF DEATH [Enter only one couse pet line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 422.1 DUE TO Canditions, if any, which gove rise to immediate **DUE TO** cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while at work of work 21. I certify that (1) (this haspital) attended the deceased fram... (L, 19___, that (I) (we) last A 19 , and that death accurred at 10%. Mam the causes and an the date stated abave, saw the deceased alive an_1 220 SIGNANURE 2b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22c_PHYSICIAN 22d. ADDRESS NAME-(Type DR. R. J. WILLIAMS 122 S. CENTRE ST., CUMBERLAND, MO. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) (Near) Fountain West Virginia Cemetery 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FEB 2 arthur S. Tiraus Cumberland



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TATE		•	MEDICA 009	L EXAMINER'S	CERTIFICA	TE OF D	PEATH	Reg. Disl. N	1006
DEPT.		LACE OF DEATH Alleg	any	MARYLAND	2. USUAL RESIDENCE (V	land	b. COUNT	Allegar	y
1		CITY OR TOWN (If outside corporate only give nearest town) Midlan	d	20 yrs	c. CITY OR TOWN (I		ole limits, write	RURAL and give i	
X	d	. NAME OF HOSPITAL OR INS	TITUTION (If not in hos	pital, give street address)	Dans Mou	ntain			e. IS RESIDENCE ON A FARM? YESE NO
	(First EWEY	Middle	BOSLEY		Month Januar	y 20th.	1960
	-	ale Wh	ite WIDOWEI	D DIVORCED]	May - 190	0	AGE (In years foot birthday) 59 yrs.	Months Doys	Hours Min.
	d	uring most of working life, eve	n_if retired)	KIND OF BUSINESS OR INDUSTR	William	sport,	WVA	U.S.	F WHAT COUNTRY
1			k Bosley		Nancey				
(I)		WAS DECEASED EVER IN U. S no. er enknown) (If yes, give	wor or dates of service)		Stanley Bo			rnport,	
`		18. CAUSE OF DEATH [Enter PART I, DEATH WAS COMMEDIAT			(BROTHER)	201	McKinl		eval between et and death udden
		Conditions, If ony, which gave rise to immediate couse (a), stating the underlying couse lost.	Cours to	eoronary	Selerosi	5			****
	CATION	PART II, OTHER SIGNIF	ICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1(0)	PERFORMED?
0									YES NO
0	CERTIFIC	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTIN CAUSE OF DEATH.	G 🗆 20b. DESCRIB	E HOW INJURY OCCURRED. (Er	nler nature of injury in Pa	rt I or Part II of	item 18.)		YES NO 🎉
0		20c. TIME OF INJURY Mor Hour a. m. p. m.	nth, Doy, Year 20d. White	INJURY OCCURRED 20e. PLAC e Not while facto	E OF INJURY (Home, farr ry, street, office bldg., etc	n. 20f. (Cily or	town)	(County)	YES NO 🔼
0	CERTIFIC	20c. TIME OF INJURY More Hour a. m. p. m. 21. I certify that I too	nth, Doy, Year 20d. White at we be charge af the s	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farr ry, street, office bldg., etc ve, held an Autaps	n, 20f. (Cily or sy , Insp Homicide [town)	Inquiry [(State)
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2	WEDICAL CERTIFI	20c. TIME OF INJURY Hour a.m., p. m. 21. I certify that I to a apinion death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 8URIAL, CREMATION, 22b. E EMOVAL (Specify)	ok charge of the interest of the skit. DATE THEREOF	INJURY OCCURRED Not while of work of	TE OF INJURY (Home, farry, street, office bidg., etc., street, office bidg., etc., e	TAL EXAMINER EXAMINER EXAMINER TO EXAMINER	town) Tanu (City, Iown, o	Inquiry Trmined mann	(State) A and in my er DATE SIGNED 1960 (State)

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VS A15 (4) 15M 9/SB

		007	6 CERTIFIC	ATE	OF DEATH	1		Reg. D		100	
1. PLACE OF DO	Allegany		MARYLAND		sual residence (Wi		d lived. If institution b. COUNTY		nce befo		on]
b. CITY OR T RURAL one Prost	OWN (If outside corporate ling give nearest town)	nits, write	c. LENGTH OF STAY IN 16	С. Х	Frostbu		rate limits, write R	URAL ond	give ne	arest town)
d. NAME OF OR INSTIT Route		give street	oddress)	1	Route 2					e. IS RES ONVA YES	FA
3. NAME OF DECEASED (Type or prin	ATABE	irst	STANLEY	B	BRODE	4. DATE OF DEATH	Mon 1	th	Do	53	ea 9
s. sex	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED D		TE OF BIRTH 16-1885		9. AGE (In years lost birthdoy) 75 yrs.	IF UNDE Months		Hours Hours	R 2
during mos	CUPATION (Give kind of work of working life, even if retire	d)	KIND OF BUSINESS OR IND	USTRY 1	II. BIRTHPLACE (Stole Frostbur		ountry)	12. CI		WHAT C	OU
13. FATHER'S N. Henry	AME Brode		an R	14.	MOTHER'S MAIDEN I		1)				. a
1S. WAS DECEA (Yes, no, or unknow NO	SED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 13-05-7121 N	inform		Phil	Add ips,Rou		2, I	ros	ti
18. CAUSE	OF DEATH [Enter only one of	ouse per li	ine for (a), (b), and (c).]		0	1	(ERVAL BE	

e. IS RESIDENCE ONVA FARM? Year 60 UNDER 1 YEAR IF UNDER 24 HRS. onths Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Md. Frostburg, INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO NO (Stote) (County) 196 Othat I last saw the deceased (Stote) Mid. 24b. REGISTRAR'S SIGNATURE arthur S. Frank

00067

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o 422. DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) o. m. While Not while of work of work p. m 21. I certify that I attended the deceased fram and that death accurred at 1/150 M, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) REMOVAL (Specify) Hansel Cemetery Frostburg -26-60 FUNERAL DIRECTOR'S SIGNATURE Fundents! 24a. REC'D BY REGISTRAR afer Main, Frostburg, Md ,DATUMN 29'60

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CERTIFICATE OF DEATH

00008

0004	CEKTIFICA	AIE OF DEATH		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY allegary	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	26 CO		before admission)
	LENGTH OF STAY IN 16	c. CITY ORTOWN (IF OU	Iside corporate limits, v	write RURAL and give	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street ode OR INSTITUTION, 225	dress)	d. STREET ADDRESS	arroll	St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First	Middle LOUIS &	Brown	4. DATE OF DEATH	Month	Day Yeor 16 1960
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	W -	8. DATE OF BIRTH Feb. 3, 18	81 9. AGE ith. lost birth		YEAR IF UNDER 24 HRS. Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S1010 0	r foreign country)	12. CITIZE	S. A.
13. FATHER'S NAME H. Schille	ng	14. MOTHER'S MAIDEN NA	ME Rice		
(Yes, no, or unknown) (If yes, give wor or dates of service)	6	NFORMANT THIS J. Brown	n. No	Address rth Eas	t, Benna
18. CAUSE OF DEATH [Enter only one cause per line of PART I. DEATH WAS CAUSED 8Y: Arter		c cardio-vas	cular di		INTERVAL BETWEEN ONSET AND BEATTS
422. DUE TO					
gave rise to immediate couse (a), stating the under- lying couse lost. (b) DUE TO					
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	ON GIVEN IN PART 1((o) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 1	18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 19 While of work	_ Not white fo	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	(Cou	inty) (Stote)
21. I certify that I attended the deceased alive an 1 - 15 , 19 60		occurred at 6:30	M, fram the cau	ises and an the	st saw the deceased date stated abave DATE SIGNED
PHYSICIAN'S NAME (Type) Ralph W. Ballin		Cumberlar			
270. BURIAL, CREMATION, 27b. DATE THEREOF 2	2. NAME OF CEMETERY O		22d. LOCATION (City.	town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	The second secon	REGISTRAR'S SIGN	ATURE

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May be retained by the haspital or attending physician.

OFUNERAL DIACTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. OFUNERAL DIACTOR: After this certificate has been signed by the attending physician and campletely filled in by the filled with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. may be reta

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

death: Page 4

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TO HOSPITA VS A15 (4) 15M 9/S5

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HOUSE THE REAL PROPERTY.			(Yeaking)	

Film 2 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 OMEDICAL EXAMINER'S CERTIFICATE OF DEATH

00009

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (W		COUNTY 1	ence before odm	
b. CITY OR TOWN (If outside corporals limits, write RURAL ond give nearest learned Cumberland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin		0	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp 233 Glenn Street	pital, give street address)	d. STREET ADDRESS	lenn Stre	et	ON	RESIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) GEORGE	Middle GIFFIN	ton BUSKIRK	4. DATE OF DEATH Ja	Month nuary 14	Day 1	Year 19 60
	DE NEVER MARRIED 8.	DATE OF BIRTH	9. AGE lost birt	tin years IFUNDER		DER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work dane 10b. Kl during most of working life, even if refired) Unemployed		June 11 190 RY 11. BIRTHPLACE (Stole Gilmore, 1	or fareign country)	12. CIT	IZEN OF WHAT	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	4-2		
William Buskirk		Laura Clis	se			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 10	SOCIAL SECURITY NO. 17. IN	FORMANT es D. Buski	rtk Lona	Address coning, 1	Marylan	d
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.	Asphy	xiation due n Monoxide (578E-1		ONSET AND DE	ATH
PART II. OTHER SIGNIFICANT CONDITIONS CO. 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.					T 1(a) 19. WAS PERFO YES	AUTOPSY DRMED? NO
	HOW INJURY OCCURRED. (Enfective Furna)	ce Flue				
20c. TIME OF INJURY Month, Day, Year 20d. In Hour o. m. 1/14/60 19 While of wor	NJURY OCCURRED 20e. PLAC Not while facto the at work Home	E OF INJURY (Home, form, ry, street, office bldg., etc.)	Cumberla		egany	(Stole) Marylan
21. I certify that I took charge of the redeath resulted from: Natural causes ACTUAL SIGNATURE Security ACTUAL		ide, Homicide _M.D. CHIEF MEDICAL EX	, Undeterr			find that
EXAMINER'S Benedict Skitar	elic M.D.	ASSISTANT MEDICAL E		1/1	5/60	
REMOVAL (Specify) Burial 1/17/60	22c. NAME OF CEMETERY OR C Frostburg Mem-	orial Park		rg, Mary		e)
23. FUNERAL DIRECTOR'S SIGNATURE The John J. Hafer, Cumberl			2 0 360	Culling 8 #C		

VS. A15ME(5)

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Item 20 Film 255 APPICAL EXAMINER'S CERTIFICATE OF DEATH

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TO DEPUTY W. "ALEXAMINER: This certificate should be executed within 24 hours after death. If any delay scory, please execute the case, writing the word "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral exector. Page 4 should be to worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, or remaval, and in any eventuality 72 hours ofter death.

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VS. A15ME 5M 2/57

				Reg. Dist. No.	
PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived. If institution	on: Residence before	admission)
Allegany	MARYLAND	o. STATE Mary	land b. COUNTY	Allegan	v.
b. CITY OR TOWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16		outside corporate limits, write RL		V
and give nearest town)		02 Cumbe		4 - 1 - 1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	years	d. STREET ADDRESS	erland	la la	IS RESIDENCE
233 Glenn Street	io, give siteer dodless)	233 Gleni	Street		ON A FARM?
NAME OF DECEASED (Type or print) LILLIAN First	MARIE F	BUSKIRK	4. DATE Month OF DEATH January	Doy 14	Yeor 19 60
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years III		UNDER 24 HRS.
Female White WIDOWED			897 62 yrs.		ours Min.
0o. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole	ar foreign country)	12. CITIZEN OF W	HAT COUNTRY
Retired Suprvisor Metr	opolitan Ins	. Hagerstown	n, Maryland	USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN N			
arles F. Schlotterback		Wilhelmina	Pumpal		
	OCIAL SECURITY NO. 17. IN	FORMANT	Address		
(Yes, no, or unknown) (If yes, give war or dates of service)					
no l		1 P. Schlot	terbeck, Hager	stown, M	
18. CAUSE OF DEATH [Enter only one cause per line for	r (a), (b), and (c).]		go attilitation	INTERVAL ONSET AN	BETWEEN ND GEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Asph	yxiation du	e to		
890.0 DUE TO		·			
Conditions If now which?	Car	bon Monoxide	e Gas		
gave rise to immediate couse					
(o), stoting the underlying DUE TO					
cause last. (c)					
PART II, OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN		ERFORMED?
WIPRIMARY LI or CONTRIBUTING LI	HOW INJURY OCCURRED. (E		I or Port II of item 18.)		
			1000		
20c. TIME OF INJURY Month, Doy, Yeor Hour Ac. m. 1/14/60 19 of work	JURY OCCURRED 20e. PLAC	TE OF INJURY (Home, form, ory, street, office bldg., etc.)	1 201. (City or fown)	(County)	(State)
5:000 1/14/60 19 of work	ol work K Hom	e	Cumberland	Alleg	Maryla
21. I certify that I took charge of the re	moins described obo	ve, held an Autopsy	N. Inspection N.	Inquiry 🗖,	and in my
apinion death resulted from: Natural ca				nined manner	
ACTUAL Benedict Sk	tarelie	M.D. CHIEF MEDICAL EX	AMINER [D	ATE SIGNED
		ASSISTANT MEDICA	L EXAMINER		
NAME (Type)Benedict Skitareli	c M.D.	DEPUTY MEDICAL E	XAMINER IV	1/15/	60
220. BURIAL, CREMATION, 22b. DATE THEREOF 2	2c. NAME OF CEMETERY OR ROSE Hill Cem		22d. LOCATION (City, town, or Hagerstown,	county)	(State)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REC'D	BY REGISTRAR 24b. REGISTI	RAR'S SIGNATURE	
John J. Hafer, Cumberlar	nd, Maryland	JA	11 - 0 100	hun S. Hanes	
		DATE	O.M.	mil a. Madde.	

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FOR STATE HEALTH DEPT.

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TO DEPUTY & SCAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy stary, please execute the states, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral acreator. Page 4 should be to warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		A-A-	Keg, Dist. 1101
o. COUNTY	Legany	UU92 MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
	outside carporate limits, write RUI	c. LENGTH OF STAY IN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Longconing
d. NAME OF HOSPITA		at in hospital, give street address)	d. STREET ADDRESS Main Street on A FARMS YES \(\sigma \) NO (()
3. NAME OF DECEASED (Type or print)	LAURA	Middle	BUILER A. DATE OF DEATH 1/2/1960 Doy Year 1/9
s. sex Female		MARRIED NEVER MARRIED DIVORCED	TO (3 COO House Many Min
		10b. KIND OF BUSINESS OR INI	IDUSTRY 11. BIRTHPLACE (Stole or foreign country) Lonaconing, MD. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME WILL	am Bell		Margaret Whitefield
15. WAS DECEASED EVE 1903, no. or unknown)	R IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY NO.	Mrs. Henry Heron, Lonaconing, MD.
	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ty, which (b)	Par line for (o), (b), and (c).]	SCULAR RENAL DISEASE SENEW YEARS
PART II. OTH 200. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	ER SIGNIFICANT CONDITI		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ZOc. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCCURRED 20e. While Not while of work at work	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City or town) (County) (State)
		the remains described of the remains described	obove, held on Autopsy , Inspection Inquiry , ond in my ent , Suicide , Homicide , Undetermined monner DATE SIGNED ASSISTANT MEDICAL EXAMINER
	N. 226. DATE THEREOF	22c. NAME OF CEMETERY Braddock	Y OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. ENNERAL DIRECTOR		ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

tions MEDICAL EXAMINER'S CERTIFICATE OF BEATH blotter or remarket .IL TENEDORMS, TOTAL DETAILS THE pleader of the tradenst classical and all all all all all and death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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may be retain by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filted with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha TO HOSPITAN

VR A1S (4) 1SM 9/59

	Viem / Finnig294	1-21-0U et							
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	o. STATE	ere deceased lived. If institution: Reb. COUNTY	sidence befare admission)					
b. CITY OR TOWN (If outside corporate li RURAL and give nearest tawn) CUMBER LAND	mits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write RURAL	ond give nearest town)					
d. NAME OF HOSPITAL (If not in haspital OR INSTITUTION WEMORIAL HOSP	ARWICK & MEMORIAL	d. STREET ADDRESS	H STREET	e. IS RESIDENCE ON A FARM? YES NO 13					
DECEASED	First Middle	CASTLE	4. DATE Month OF DEATH JANUARY	Day Year 12 19 60					
S. SEX 6. COLOR OR RAC MALE WHITE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH FEBRUARY 2		NDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.					
10a. USUAL OCCUPATION (Give kind af war during mast of working life, even if retire Conductor	k done 10b. KIND OF BUSINESS OR IND Railroad	NUSTRY 11. BIRTHPLACE (State C		CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME) TIC	14. MOTHER'S MAIDEN N							
	STLE	CORA M							
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no, or unknown) (If yes, give war or dates of		INFORMANT	Address PITAL, CUMBERLAND	. MARYLAND					
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OUT Of the Conditions, if only, which]	io beaut of	I nich diss	estion of mande	INTERVAL BETWEEN ONSET AND DEATH Thomas Luclactory					
gove rise to immediate couse (a), stating the under-lying couse last.	couse (o), stating the under.								
PART II. OTHER SIGNIFICANT CO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO } \subseteq \)								
	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in f	Part I or Part II of item 18.)						
20c. TIME OF INJURY Manth, Doy, Hour a.m. 15	While Not while	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.		(Caunty) (Stote)					
21. I certify that (I) (this haspit saw the deceased alive an.	21. I certify that (I) (this haspital) attended the deceased fram. 1-4- 1960, that (I) (we) last saw the deceased alive an 1-12- 1960, and that death accurred at M, from the causes and an the date stated above.								
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED								
22c. PHYSICIAN'S NAME (Type) DR. EARL	PAUL	22d. ADDRESS 6211	WASHINGTON STREET	T CHMBERLAND N					
236. BURIAL, CREMATION, 236. DATE THER REMOVAL (Specify)	EOF 23c. NAME OF CEMETERY		23d. LOCATION (City, town, or cau Cumberland, Ma	inty) (State)					
Burial I-I5-6(24. FUNERAL DIRECTOR'S SIGNATURE James F. Scarpell	ADDRESS	250. REC'I	BY REGISTRAR 25b. REGISTRAR						

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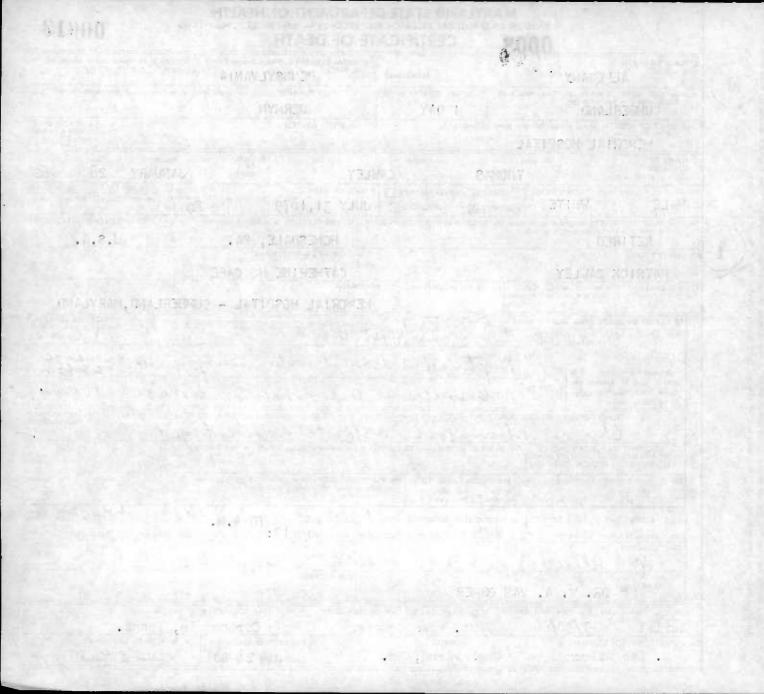
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CEDI	IFICATE	-	DE	TI
	IFIC AIR	- () -	1)-4	
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1. PLACE OF DEATH a. COUNTY ALLEGANY		MAF	RYLAND	a STATE	NNSYLVAN	A b. COUNTY	ian: Residend Lacka			
b. CITY OR TOWN (If outside carporate lim RURAL and give nearest town) CUMBER LAND	its, write c. I	LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) JERMYN 75 × -3						
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION MEMORIAL HOSPITAL		ess}		d. STREET ADD	RESS			0	RESIDENCE N A FARM?	
3. NAME OF Fi DECEASED (Type or print)	THOMAS	Midd	CAWI	_EY	4. DATE OF DEAT		nth NUARY	28 28	Year 1960	
5. SEX MALE 6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARI		JULY 31,1	879	9. AGE (In years last birthday)	Manths	YEAR IF U	NDER 24 HRS urs Min.	
10a. USUAL OCCUPATION (Give kind of wark during most of warking life, even if retired RET IRED	dane 10b. KINI	D OF BUSINESS	OR INDUST	1	DALE, PA			J.S.A.	AT COUNTRY?	
PATRICK CAWLEY					INE MC C	ΔBF				
15. WAS DECEASED EVER IN U. S. ARMED FO		IAL SECURITY N	O. 17. INF	DRMANT	1114 110 0		dress			
(Yes, no, or unknown) (If yes, give war or dates of	service)		1	MEMORIAL	HOSPITAL	- CUMBER	LAND,	MARYLA	ND	
1B. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (7 en	r (a), (b), and (c	Hen	+ Block	†			ONSET A	L BETWEEN ND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Rups	timed	aldo	annal as	rta and	alises	with to	28	Homes ?	
PART II. OTHER SIGNIFICANT CON	NDITIONS CON'	TRIBUTING TO D	DEATH BUT N	ot related to the	TETERMINAL DISE	ase condition Gi	VEN IN PART	PE	AS AUTOPSY REFORMED?	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBI	E HOW INJURY	OCCURRED.	(Enter nature af in	jury in Part I ar P	art II af item 1B.)				
20c. TIME OF INJURY Month, Day, You Haur a. m. 19	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED Mat while at wark at war									
21. I certify that (I) (this haspital saw the deceased alive an	attended				19.10 A	M. 1896 n the causes a			l) (we) las ited abave	
220. SIGNATURE W. alfred	IAN GIV and AND Mand					ATTENDING MED. STAFF SIGNED STAFF				
22c. PHYSICIAN'S NAME (Type) DR. W. A.	VAN ORM	ER		22d. ADDRESS	to state apply with stage table states were recovered these does do					
23g. BURIAL, CREMATION, 23b. DATE THERE BERNGVAL (Specify) 1/30/60		t. NAME OF CE				ATION (City, town,			(State)	
24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	26.3		io. REC'D BY REG	STRAR 256. REG	ISTRAR'S SIC	NATURE		
H. Lee Silcox	Cumb	erland,	Md.	D.	ATE JAN 29	'60 C	Irthur S.	Tunes		

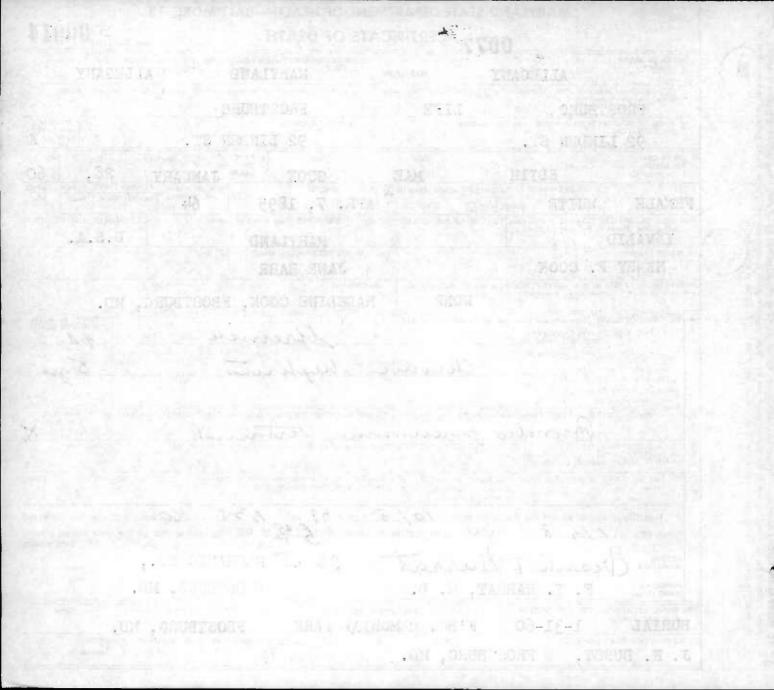


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Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	ALLEG	ANY	MARYLAN	II o STA	TF	Vhere deceosed YIAND	l lived. If instituti b. COUNTY		GANY	nission)
RURAL ond give	(If outside corporate limits, neorest town) STBURG	write c. LEN	GTH OF STAY IN	16 c. CIT		outside corpor	rote limits, write R	URAL ond gi	ive nearest to	own)
OR INSTITUTION	LINDEN ST.	e street oddress)	d. STI	PEET ADDRESS	LINDEN	ST.		NO N	RESIDENCE N A FARM? NO K
3. NAME OF DECEASED (Type or print)	First EDTT	н	Middle MAT		Last	4. DATE OF DEATH	Mor		28.	Year 19 60
S. SEX FEMALE	6. COLOR OR RACE		NEVER MARRIED DIVORCED	4 2020			9. AGE (In years lost bighdoy) 64 yrs.	IF UNDER 1	YEAR IF UN Days Hou	DER 24 HRS
INVALI	ION (Give kind of work do orking life, even if retired)	ne 10b. KIND (OF BUSINESS OR IN		MARYL	AND			S.A.	
13. FATHER'S NAME HENRY	F. COOK				ANE BA					
1S. WAS DECEASED EV (Yes, no, or unknown)	FOR IN U. S. ARMED FORCE (If yes, give war or dates of serv	rice)	ONE	MADE:		00K, H	ROSTBU		D.	
	EATH [Enter only one coust EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO	se per line for (o), (b), ond (c).]		Mre	emi	e			BETWEEN ND DEATH
Conditions, if gove rise to couse (o), stoting lying couse lost	g the under-	e	hroni						5	ys
CATIC	THER SIGNIFICANT CONDI	ro- pr	neum	rosiia	ter	mi	ral	/EN IN PART		REORMED?
OR CONTRIBUTION	/AS UNDERLYING ☐ 2 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	OD. DESCRIBE H	IOW INJURY OCCU	JKKED. (Enfer no	iture of injury in	rort or Port	II of item 18.)			
ZOc. TIME OF INJU Hour o. m. p. m.	10	While _ N	OCCURRED 20e lot while		IURY (Home, far , office bldg., et		or town)	(Co	ounty)	(Stote
21. I certify to alive an	rauk 7	1960 - Na	, and that de		49. 10 d at \$ 33	ADDRESS (SH	ANIC ST	d an the stote)	date stat	
22a. BURIAL, CREMATI		RRAT,						MD.		
BURTAL Specif			BG. MEM	ORIAL			ON (City, town,		• (5	itote)
J. R. DU			IG, MD.		24a. REC	D BY REGIST		STRAR'S SIG		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



060

25a. REC'D BY REGISTRAR

DATEJAN 1 9 '60

25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

			00	CERTIFIC	CAT	E OF DEATH				0(101	5	
	PLACE OF DEATH a. COUNTY ALLE	GANY	US	MARYLAN	4D	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE MARYLAND b. COUNTY ALLEGANY							
	b. CITY OR TOWN (IF RURAL and give new CUMBERLA	ND		c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF or	•	orate limits, write RI	JRAL and	give neo	rest town	.)	
	MEMORIAL					d. STREET ADDRESS 626 HILL	. TOP	DRIVE				PARMS NO 1	
3.	NAME OF DECEASED (Type or print)	Fin	RRY	Middle W.		CRITCHFIELD	4. DATE OF DEATH	JANUA		Do	2 Year 19 60		
S.	SEX MALE			IED NEVER MARRIED	□ B	DATE OF BIRTH			IF UNDE Manths	R 1 YEAR Days			
R	during mast af worki	ing life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	NDUS1	PENNSYLVA	NIA	cauntry)		U.S.		OUNTRY?	
13.	CHARLES	CRITCHFIEL	D			14. MOTHER'S MAIDEN N		ALTER					
	18. CAUSE OF DEA	If yes, give war or doles of s	use per lir	SOCIAL SECURITY NO. 11 FON E The far (a), (b), and (c).]		MORIAL HOSPIT	'AL	CUMBERL		INTE	YLAN ERVAL BE SET AND	TWEEN	
	Canditions, if an gave rise to in cause (a), stoting t lying couse last.	DUE TO)	ant	er	roscler	03	is		0	5~	1/2	
CERTIFICATION	PART II. OTH	er significant con	DITIONS C	CONTRIBUTING TO DEATH	BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED?	
	(IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCU	JRRED	. (Enter nature af injury in F	Part I ar Pai	rt II af item 18.)					
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yes	20d. It While of worl	Not while		CE OF INJURY (Hame, farm, ory, street, office bldg., etc.		y or town)		(County)		(Stote)	
	21. I certify that sow the decease 22a. SIGNATURE	1/4) attend	ed the deceased from 3 19 6 9 and the	at de	ATTENDING ME					stated	obove. b.DATE SIGNED	
	22c. PHYSICIAN'S NAME (Type)	DR. CLAY	E. DI	RRETT		22d. ADDRESS 236Vá - Ca	evz	Comb	ule	-us	1 20	ad	
23	o. BURIAL, CREMATION	N, 23b. DATE THEREC		23c. NAME OF CEMETER		CREMATORY		TION (City, town, o			(State	e) Da	

ADDRESS

TO HOSPITAL VR A1S (4) 1SM 9/S9

24. FUNERAL DIRECTOR'S SIGNATURE

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John J. Hafer, Cumberland, Md.

DATE JAN 2 5 '60

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certificate

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	ATE OF DEATH	CERTIFIC	10	
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	VENTAL DESIGNATION OF THE PARTY			
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YES NO

(County)

(State)

attending physician and campletely filled in by the fun-Then please remave within 72 haurs may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit. ar remaval, crematian, the registrar priar to burial,

CERTIFICATIO

MEDICAL

20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

Day,

Year

While

TIME OF INJURY

a. m.

p. m.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

VS A15 (4) 15M 9/S8

alive an 1/24/60 , 19 ACTUAL SIGNATURE		O: IUAM, from the condition of the condi	ity ar tawn, state) DATE SIGN 1/25/60
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 1/27/60	22c. NAME OF CEMETERY OR CREMATORY Centenary Cemetery	22d. LOCATION (City, town, or county) (State) and Rt 3 Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Ruth E. Silcox Cumbe	ADDRESS	24a. REC'D BY REGISTRAR DATE JAN 2 8 '60	24b. REGISTRAR'S SIGNATURE

20d. INJURY OCCURRED

Nat while at wark

	UUL	5				Reg. Dist. N	lo.	
1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl		lived. If institution b. COUNTY	_	efore odmis	
b. CITY OR TOWN (I RURAL and give ne Cumber1:		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o			URAL and give	nearest taw	n)
OR INSTITUTION	AL (If not in hospital, give stree	d STREET ADDRESS Bedfo	rd Ro	ad		ON A	SIDENCE A FARM? NO.	
3. NAME OF DECEASED (Type or print)	First Ednae	Middle E •	Drake	4. DATE OF DEATH	Januar		25	Year 19 60
s. sex Female	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 11/2/1877		9. AGE (In years lost birthday) 92 yrs.	Manths Day		ER 24 HRS Min.
Retired:	ON (Give kind of work dane ting life, even if retired) Housewife	. KIND OF BUSINESS OR INDU	Cumberla	nd, M		12.CITIZEN	S · A	
13. FATHER'S NAME	William Leas			E. Ma				
	R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		NFORMANT P.O.BO. Allegany Co		Addr Infirms	Cumbe		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tipe for (a), (b), and (c).]	yocardes	il De	queera		NTERVAL BE	
260 X Conditions, if a		General.	arter	öset	erosis	7	,	>
gave rise to in cause (a), stating lying cause last.	DUE TO	Dealer	tes nel	elek	ees		2	>
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	1 - 1 - 1 1	CLO	CONDITION GIV	EN IN PART 1(a	PERFO	AUTOPSY DRMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20e. PLACE OF INJURY (Hame, form,

factory, street, affice bldg., etc.)

20f. (City ar tawn)

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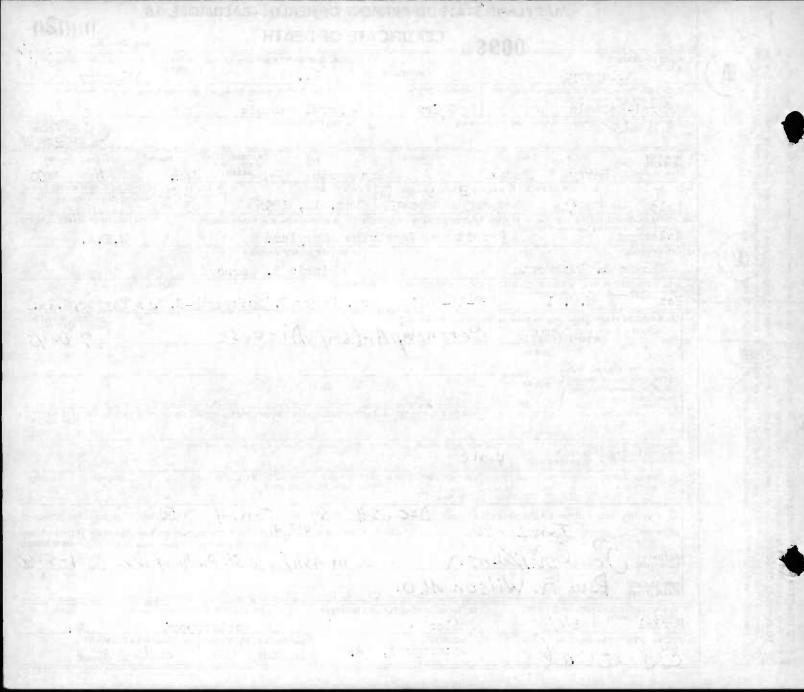
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(1()()2() **CERTIFICATE OF DEATH**

										Key. D	151. 140.		
1.	PLACE OF DEATH a. COUNTY Alle	egany	, , ,	MARYL	AND	2. USUAL RESID o. STATE Md		ere deceose	d lived, If institut b. COUNT		egan		ion)
	b. CITY OR TOWN (I RURAL ond give no Rural-McC		ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TO			prote limits, write	RURAL ond	give nec	arest town	()
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in hospital, g	jive street	address)		d. STREET AD	DDRESS						IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Fir Harry Th	omas	Middle	Du	ckworth		4. DATE OF DEATH	Jan.	nth	Da 4	,	Year 1960
5.	Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED ED DIVORCED		Mar. 12	, 189	96	9. AGE (In years last birthday) 63 yrs	Manths	R 1 YEAR Days	Haurs	Min.
10	during most of worl Salesman	ON (Give kind of work king life, even if retired)	kind of Business or cuit and Veg			yland		ountry)		S.A		OUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
		A. Duckwort					ie R.	Barn					
		R IN U. S. ARMED FOR (If yes, give wor or dates of s W.W. I	ervice)	20-16-5679		rs. Harr	у Т.	Duckw	orth-R.D	dress	eyse	er.W.	Va.
7	Conditions, if o gave rise to i cause (o), stating lying couse lost.	the under-)	Cerenovy	Ar	tery		205				7 D	345
CERTIFICATION				CONTRIBUTING TO DEAT						VEN IN PAI	RT 1(0) 1	PERFO	NO
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	No	NE								34	
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Yei	While at wor	Not while	foct	CE OF INJURY (H fory, street, office	lome, form, bldg., etc.	, 20f. (City	or tawn)	((County)		(State)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Paul R.	1960 mily	-1	death		(:50A.	M, fram	the causes a treet, city or town	nd an th		stated	
220	BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	1/6/60	F	22c. NAME OF CEMET Philos	TERY OR	CREMATORY			TION (City, town, ternport			(State	e)
23.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS Westernpor	·t,]	Md.		BY REGIS	TRAR 24b. REG	ISTRAR'S SI			



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TO HOSPITAL (FENDING PHYSICIAN: The law requires that the death certifical	moy be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic	page 3 should be detached far use as the burial-transit permit. Then please remove	the registrar prior ta burial, cremation, or remaval, and in ony event within 72 hours
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VS A1S (4) 15M 9/SB

a. COUNTY	Allegany		MARYLAND	a STATE	yland	b. COUNT	tion: Residence before o	
RURAL and	OWN (If outside corporate lim d give neorest town) berland	8,	19 159 15 15 15 15 15 15 15 15 15 15 15 15 15	c. CITY OR TOW	_	rote limits, write	RURAL and give nearest	
OR INSTIT	HOSPITAL (If not in hospitol, UTION legany Coun			d. STREET ADDR	ESS			S R
3. NAME OF DECEASED (Type or prin	TTame	ry	Middle	isentrout	4. DATE OF DEATH	Janua		
5. SEX Male	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 2/26/187	714	9. AGE (In years last birthday) 85 yrs	Months Days Ho	UN
during most	CUPATION (Give kind af wark t of warking life, even if retired ed - Miner	done 10b. KIND C	OF BUSINESS OR INDE		Stote or fareign co		12. CITIZEN OF WE	
13. FATHER'S NA	George Hen:	or Dian	****	14. MOTHER'S MAI	et Eng			
1S. WAS DECEA (Yes, no. or unknow	SEDEVER IN U. S. ARMED FO	RCES? 16. SOCIAL		INFORMANT P.O.	Box 599) Add	dress Cumberl ary Recor	
gave ris	stoting the <u>under-</u> DUE TO	b) be	releva	last	erio.	cler	osio	>, >,
CATION	II. OTHER SIGNIFICANT COL	Abitions contrib	SUTING TO DEATH BU	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GI		VAS ERF
20a. ACCID OR CONTRI (IF EITHER,	ENT WAS UNDERLYING DEATH BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature of inju	ry in Port I or Port	II of item 18.)		
	F INJURY Month, Day, Yo a. m. p. m.	While _ N	OCCURRED 20e. P	LACE OF INJURY (Home actory, street, office bld	, form, 20f. (City j., etc.)	ar tawn)	(Caunty)	
21. I cer alive an actual signature PHYSICIAN NAME (Typ	Jennes Tomas		Leau-	M.D. 49 (20AM, from	the causes a reet, city or town	= 1= 11	
	EMATION, 22b. DATE THERE Specify)		NAME OF CEMETERY O	OR CREMATORY	22d. LOCA	ION (City, town,	MD.	(St
					REC'D BY REGIST		ISTRAR'S SIGNATURE	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY b. COUNTY MARYLAND Allegany Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town Cumberland Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 233 Glenn Street YES T NO DO 233 Glenn Street NAME OF Month Year DECEASED OF DEATH ROBERT STEVANUS. ELIAS January 11 60 (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours | Min. Male White WIDOWED | DIVORCED | Oct. 18,1910 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Potomac Edison Co. Frostburg, Maryland USA Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edwin Elias Margaret Bannatyne 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes 214-10-4725 Thomas Elias, Frostburg, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Coronary Occlusion Sudden IMMEDIATE CAUSE (o) 420. DUE TO Coronary Sclerosis Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED& NOT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m. Not while of work of work 21. I certify that I took charge of the remains described obove, held an Autopsy , Inspection XX Inquiry X opinion death resulted from: Natural causes N. Accident . Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL SIGNATURE_ CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benddict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) January 11, 1960 220. BURIAL, CREMATION, | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) REMOVAL (Specify) Arlington Nat'l Cemetery Arlington, Virginia Burial 1/14/60 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, Maryland DATEN 1 4 '60

the state of the s Joo als meall 262 THE STATE OF THE S Published Street Co. Programmy Contribute Contribute I dillo Carvanary Scherouse Water Beaddict States in 12 . The Section of the Se a bire form a book applied to the to he when CERTIFICATE OF DEATH

00023

00	16	AIL OI DEAII		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		an: Residence before admission) Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Cumberland	utside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 210 South Street	· · · · · · · · · · · · · · · · · · ·	d. STREET ADDRESS 210 South S	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ELMER	Middle CLEM EM	lost IERICK	4. DATE Mor OF DEATH NEW JE	Day Year Annuary 16 19 60
	RIED NEVER MARRIED	8. DATE OF SIRTH Nov. 21, 1894	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	JSTRY 11. 8IRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13 EATHER'S NAME	ty Products Company	14. MOTHER'S MAIDEN N	Maryland AME	USA
Jefferson A. Emerick IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16		Margaret I	Ellen Myers	South Street
(Yes, no, or unknown) (If yes, give war or dates of service)	214-05-5103 Mr	s. Lucretia		perland, Maryland
18. CAUSE OF DEATH [Enter only one cause per I PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ine far (a), (b), and (c).]	ary This	ombraie	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO	nove Nej	shritis CL	Alrevaria	na 3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. Hour a. m. p. m. 19 while	Nat while fo	LACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. I certify that I attended the decearative an	1 . //		M, fram the causes of ADDRESS (Street, city or town,	Athat I last saw the deceased and an the date stated above stole) DATE SIGNED LAND, MARYLAND
PHYSICIAN'S NAME (Type) Clay E. Durrett	t, MD.	236 Virgi	nia Ave, Cumb	erland, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF Burial Jan. 19, 1960	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, Cumberland,	
23. FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, Cumberlan	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE

moy be retoine The haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registror prior to burial, crematian, or removal, and in any event within 72 hours after death.

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hau

death. Page 4-

TO HOSPITAL S VS A1S (4) 1SM 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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					. 01 517			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY		901	MARYLANI	11	USUAL RESIDENCE	1 - 1 - 1 - 1	ed lived. If institut	V		mission)
Alleg					Mary.			Allega		
 b. CITY OR TOWN (If outsing RURAL and give nearest 		is, write	c. LENGTH OF STAY IN 11							
Cumberland			7 hrs.	0	2 Cumberla					
d. NAME OF HOSPITAL (IF OR INSTITUTION	nat in hospital, g	rive street	address)	1	d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
Sacred Hear	t Hospit	al			700 Gepha	art Dri	ve		YES	□ NOX
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mo	onth	Day	Year
(Type or print)	Anna				Flanagan	DEATH	Ja	anuary	3.	1960
5. SEX 6. C	OLOR OR RACE	7. MARE	RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UI	NDER 24 HRS
Female	White	WIDOW	ED X DIVORCED	2	16/75		last birthdoy)		ays Hou	urs Min.
10a. USUAL OCCUPATION (G	ive kind of work	done 10b.		DUSTRY	7.0	tote or foreign			N OF WHA	AT COUNTRY
during most af warking lif	fe, even if retired)	Own home				cean		U.S.A	
Housewife 13. FATHER'S NAME			JWH HOME	11	Mary La. MOTHER'S MAIDE		cean		U.D.A	
				- 1						
Timothy						n Culle				
15. WAS DECEASED EVER IN L (Yes, no, or unknown) (If yes,	J. S. ARMED FOR give war or dates of s		SOCIAL SECURITY NO.	INFO	RMANT		Ad	dress Cun	nb. N	VId.
			M	rs.	Bernade	ette W	olfe 70	0 Geph	art	Drive
18. CAUSE OF DEATH [Enter only one co	use per li	ne for (a), (b), and (c).]			0	0			L BETWEEN
PART I. DEATH W	AS CAUSED BY:	4	Instro. 12	444	Amol .	hanna	Mes al	,	ONSEL A	ND DEATH
578 X	DUE TO									
Conditions, if any, w										
gave rise to immed	ligte	-								
cause (a), stating the <u>ur</u>	nder- DUE TO	201								
lying cause last.) (c	,							Total	
PART II. OTHER SIGNATURE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRI	GNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH E	BUT NO	TRELATED TO THE TE	ERMINAL DISEA	se condition G	VEN IN PART 1	PE	REORMED?
	AUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUP	RRED. (E	nter noture of injury	in Port I or Po	rt II of item 18.)			
20c. TIME OF INJURY Mo	onth, Day, Ye	or 20d. II	NJURY OCCURRED 20e.	PLACE	OF INJURY (Home,	form, 20f. (Cit	y or town)	(Cor	unty)	(State)
Hour a.m.	19	While at wor	Not while	toctory,	street, office bldg.,	efc.)				
			1/*-	_	EG	1/3	6	m .		
21. I certify that/	attended the	deceos			_, 1999/_, to_	20 /	, 1900	that lost		
olive on		, 196	ond that dec	ath oc	curred at 12:	30an Frem	the couses o	nd on the o		
4		1)			ADDRESS (Street, city or town	, stote)	5	DATE SIGNED
ACTUAL SIGNATURE	0 9/	The	~	M.D.					1/-	4.460
9			/ /							7
PHYSICIAN'S NAME (Type) I.OO	H. Lev.	Jr.	M.D.		456 N	. Cente	r St., C	umberla	nd, M	ſd.
	b. DATE THEREC		22c. NAME OF CEMETERY	OR CP			ATION (City, town,			State)
REMOVAL (Specify)	1/6/60				s Cem.		berland		1.	
23. FUNERAL DIRECTOR'S SIG	_		ADDRESS	UA		REC'D BY REGIS		ISTRAR'S SIGN	IATURE	
** ** -	eorge	Cumb	perland. Md					Thun S. H.		
	9 -	A MINIT	Josephan Ma	•	DATE	AIT /	Un	Must d. 14	Laile	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 00025

1. PLACE OF DEATH a. COUNTY	Allegany	0013	MARYLAND	o. STATE	DENCE (When		ived. If institu b. COUNT	Υ			ision)
	(If outside corporate limits, write Rt.	JRAL C. LENC	OTH OF STAY IN 16		TOWN (If out	111111111	te limits, write		Lega d give ne		vn)
Cumberl			120 0 20 0	02	Cumber	Lond					
	ITAL OR INSTITUTION (IF I	ot in hospital, give	years	d. STREET A		Tano				e IS RE	SIDENCE
				1						ON	A FARM?
	y Street			11		ay St					7.
3. NAME OF DECEASED (Type or print)	Fint		Middle	Last		DATE OF DEATH T	Mont	h	Day		ear
	LOUIS	FRANK		REMAN		U	anuary			1	VV
5. SEX	6. COLOR OR RACE 7.		EVER MARRIED 8	. DATE OF BIRTH		9.	AGE (In years ast birthday)	Months	Doys	Hours	ER 24 HRS.
Male	White "	VIDOWED 🙀	DIVORCED	ebruary	5, 18	67	92 yrs.	Monne	DOY'S	110012	min.
10a. USUAL OCCUPAT	ION (Give kind of work doring life, even if retired)	10b. KIND OF	IUSINESS OR INDUST	RY 11. BIRTHPLA	CE (Stote or f	oreign count	η)	12. CIT	IZEN OF	WHAT	COUNTRY?
Retired		Teamst	er	Harn	ers Fe	rrv .	West	Va.	USA		
13. FATHER'S NAME				14. MOTHER'S							
Jam	es Foreman			Anna	Getty	77.00					
15. WAS DECEASED E	VER IN U. S. ARMED FORCE	ES? 16. SOCIAL SI	ECURITY NO. 117, II	NFORMANT	detty		Address				
(Yes, no, or unknown)	If yes, give war or dates of serv	ice)									
no		none		hn Fore	man, C	umber	land,	"ary			
	ATH [Enter only one cause						4		INTER	AND DEA	EN TH
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	CIL	onic myoc	arditis	, pulm	onary	eaema		24	-48	hrs.
422,										.0.1	-CLIMITS
Conditions, if	1111	Ar	terioscle	rotic C	V dis	ease					
gove rise to imme	ediote cause										
(a), stating the											
) (c)	IONIC CONTRIBUTION									
PARI II. UI	THER SIGNIFICANT CONDIT					DISEASE CO	INDITION GIV	EN IN PAR	T 1(o) 15	PERFO	RMED?
3	Acute	ipper re	spiratory	infect	ion				Y	ES 🗌	NO 📉
PART II. OT	ONTRIBUTING	DESCRIBE HOW IN	IJURY OCCURRED. (E	nter nature of inju	ury in Part I or	r Port II of i	tem 18.)			91.	-
3 20c. TIME OF INJU	JRY Month, Day, Year	20d. INJURY OF	CCURRED 20e. PLA	CE OF INJURY (H	ome, form, 12	20f. (City or	lown)	ICo	unty)		(Stote)
20c. TIME OF INJU			ot while fact	ory, street, office		ion (city or	,	100	//		(3,0,0)
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dedin resoner				cide [], Tie	Jillicide _	I, Olide	ieilililied C	.dose _	1.		
ACTUAL /	an 1. t	VO.	- 1							DATE S	GNED
SIGNATURE	reneally.	AKUA	relie)	_M.D. CHIEF ME	DICAL EXAMI	NER [
EXAMINER'S				ASSISTAN	IT MEDICAL EX	XAMINER [
NAME (Type) B	enedict Skit	arelic.	M.D.	DEPUTY A	AEDICAL EXAM	WINER 💂	Ja	nuary	v 31	. 19	960
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF		E OF CEMETERY OR	CREMATORY	22d	. LOCATION	(City, town,		-	(State	
REMOVAL (Specify Burial	2/160	Mt.	Herman C	emetery	AT	legan	v Coun	ty, l	danı	land	
23. FUNERAL DIRECTOR			RESS		24a. REC'D BY		24b. REGIS				1
John J. H.	afer, Cumber	land M	arvland					Khur S.		_	
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The law requires	physician.	has been signed	rial-transit permi
JDING PHYSICIAN:	haspital ar attending	After this certificate	thed far use as the bu
S TO HOSPITAL TENDING PHYSICIAN: The law requires that the deat	may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attend	page 3 shauld be detached far use as the burial-transit permit. Then plea
VS	A1	5 1	4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Allegany MARYLAND Maryland Allegany b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Cumberland Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Allegany County Infirmary 116 Magruder Street YES NOT NAME OF 4. DATE Middle Last Day Year DECEASED (Type or print) DEATH Robert Frantz January 1960 7. MARRIED NEVER MARRIED 6. COLOR OR RACE 9. AGE (In years 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Manths Days /12/1876 White WIDOWED | DIVORCED | Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Dealer -- Proprietor Cumberland, Maryland Retired: Oldsmobile U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Frantz Eliza Wickard INFORMANT P.O.BOX 599 Address Cumberland. Md. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give war or dates of service) Allegany County Infirmary Records 1B. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART !!. OTHER SIGNIFICANT CONSITIONS CONTRIBUTING TO DEATH BUT NOT TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City ar town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Nat while ot wark ot wark 21. I certify that I attended the deceased fram. 19___,that I last saw the deceased and that death accurred a 2:45PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Add 49 Greene St. 60 PHYSICIAN'S James E. Cumberland. Md. McLean NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thous

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY			MARYLA	and 2.	FIOT	DENCE (Wh	ere decease		If institut		nce before	(197	ia .
	b. CITY OR TOWN IN	outside corporate limi	its, write	c. LENGTH OF STAY IN	1 16	c. CITY OR	TOWN (If o	utside corpo	rote limi	ts, write I	RURAL ond			2
	Cumberlan	-		3 Wks		Tamp	a				48	X - :	3	
	d. NAME OF HOSPITA	AL (If not in hospital, ç	give street	oddress)		d. STREET	ADDRESS					e	. IS RES	DENCE FARM?
	805 Man	s Ter.			4	1310	North	1 A-	St.					NO E
	3. NAME OF DECEASED	Fie	rst	Middle		Los	st	4. DATE OF		Мо	nth	Day	,	rear .
	(Type or print)	John		D. G	oger	ty	Sr.	DEATH	Jar	1.	30,		1	9 60
	5. SEX	6. COLOR OR RACE	7. MARI	RIED TO NEVER MARRIED	8. D	ATE OF BIRT	Н		9. AGE	(In years pirthdoy) yrs.	IF UNDER	R 1 YEAR I		
	M	W	WIDOW	ED DIVORCED	O A	ug. '	7, I8	96	63	yrs.	. Months	Doys	Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHP	LACE (State	or foreign c	country)		12. CI	TIZEN OF	WHAT	COUNTRY?
	Retired	Mgr	- manual	inery		Dela	aware	, 0h:	io			USA		
	13. FATHER'S NAME				14	MOTHER'S	MAIDEN N	AME				4		, produce
1	Patrick	W. Goger	ty			Ior	na De	Free:	S					
	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	MANT				Add	dress			
4	No	r yes, give wor or doles or a	5	214-07-113	6	Twile	a Gog	erty	43	310	N. A	- St	Te	mpa
		TH [Enter only one co	use per li	ne for (o), (b), and (c).]								INTER	EVAL BE	TWEEN
		TH WAS CAUSED BY:		Carcinoma	a of	the	recti	ım					ont	DEATH ??
	154X	DUE TO					21/1-2			1517				
	Conditions, if on	ny, which) (b												
	gove rise to in	nmediate (,								1		29	
	couse (o), stating t lying couse lost.	ne <u>under-</u>	1											
	PART II. OTH			CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO	THE TERMI	NAL DISEAS	E COND	ITION GI	VEN IN PAI	RT 1(o) 19	. WAS	AUTOPSY
	PART II. OTH 20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY)													RMED?
	20g. ACCIDENT WAS	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter nature o	of injury in P	ort I or Por	t II of ite	m 18.)		- 11		
		CAUSE OF DEATH MEDICAL EXAMINER)												
d	20c. TIME OF INJURY Hour a. m.	Month, Day, Ye			De. PLACE	OF INJURY (Home, form,	20f. (City	or town)		(County)		(Stote)
	Hour a.m.	19	While of wor	k of work	тастогу,	street, office	e bldg., etc.	'						
	21 I cortify the	at I attended the	deceas	ed from 1/5	27	10/00	, to	3//3	ic	106	that I	last say	u tha	deceased
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	SIGNATURE	Just.	-	40	M.D.									
	PHYSICIAN'S NAME (Type)	eo H. Ley	Jr	. 456 N.	Cent	re St	t.					/		
	220. BURIAL, CREMATION	N, 226. DATE THEREC)F	22c. NAME OF CEMETE	ERY OR CR	MATORY		22d. LOCA	TION (C	ty, town,	or county)		(Stote	•)
	Burial	2 -2-60)	St Marys	Cem.	0.131		Cumb	erl	and,	Mar	ylar	nd	97156
	23. FUNERAL DIRECTOR'S	SIGNATURE SCAPPE	11i	Cumber land	l. Mo			BY REGIST			ISTRAR'S S			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) FROSTBURG d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION GLENN ST. 180 YES NO X GLENN 3. NAME OF Middle First DATE Year DECEASED OF HENRY THOMAS HARRIS (Type ar print) DEATH JAN. 30 19 60 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months 6-20-1902 MALE WHITE WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? SHOE SALESMAN SELF-EMPLOYED MARYLAND U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN C. HARRIS ELLEN YATES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address

THELMA MORGAN, FROSTBURG, MD. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse last.

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY

PERFORMED?

YES NO NO

FROSTBURG.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.)

20g. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20-10-8921

20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work of work

1969hot I lost saw the deceased 21. I certify that I attended the deceased from , and that death occurred at M. from the causes and on the date stated above. DATE SIGNED ADDRESS (Street, city or town, state)

ACTUAL

PHYSICIAN'S W. O. McLANE, M. D. FROSTBURG, MD. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, tawn, or county) (Stote)

F'BG. MEMORIAL PARK

23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR J. R. DURST, FROSTBURG, MD. arilar S. Thous DATE FEB 3

1960

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VS A15 (4)

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VS A15 (4) 15M 9/55

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	ACE OF DEATH	Allegany	Of	MARYLA	- 11	o. STATE Mary		b. COUNTY	Alle	
ь. С	city or town (If ond give negres) town) Cumber	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF		rporate limits, write Ri		
d. N	NAME OF HOSPITA			pital, give street address)		STREET ADDRESS McKenz		oad		o, IS RESIDENCE
DEC	ME OF CEASED	Fir	si	Middle		Last	4. DATE	Month		YES NON
5. SEX	pe or print)	SYLVIA		Lee		ERRELL	DEATH	Jan.		9, 1960
Fe	emale	White	WIDOWED	tund tund	N	ov. 11, 1	901	58 yrs.	Aponths Day	AR IF UNDER 24 HR
duri	SUAL OCCUPATION IN MOST OF WORKING	lite, even if retired)		ind of Business or ing	DUSTRY	Paw Paw.				S. A.
13. FA	THER'S NAME				14	. MOTHER'S MAIDEN N	IAME			
1	Alexande	er J. Jen	kins		-	Laura C	owgi	11		
[Yes, no		R IN U. S. ARMED FO (If yes, give wor or dates of	service)			Robert M.	Her	rell La	Vale,	Md.
18	PART I. DEATH	H [Enler only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (c)		for (o), (b), ond (c).] Pulmonary E	mbo	lism, Mass	ive		ll C	Sudden
94	anditions, if on ove rise to immediately, staling the unouse lost.	nderlying DUE TO		Accidental	. In	jury				20 Days
CERTIFICATION		J (c) ER SIGNIFICANT CON		NTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIVEN	I IN PART I (c	1) 19. WAS AUTOPSY PERFORMED? YES NO
-	G. EXTERNAL CAUSIMARY DE OF DEATH.	SE WAS TRIBUTING []		How INJURY OCCURRED			I or Part I	I of item 18.)		
-	Hour A.m. I		While	NJURY OCCURRED 20e. Not while wark A	factory,	OF INJURY (Home, form, street, office bldg., etc.)			(County)	
- Jude			of the r	emains described o						
		from: Naturol		_		e, Homicide		-		, and the th
	CTUAL GRATURE	enedic	tslk	starelia	<u></u> w	A.D. CHIEF MEDICAL EX	-	•		DATE SIGNED
EX	AME (Type)	maddat Oli	tomal	io M D		DEPUTY MEDICAL E	XAMINER	January	19.]	L960
N		nedict Sk		22c, NAME OF CEMETERY				ATION (City, town, or		

- MEDICAL SXAMINER'S CHARIFFICATE OF DEATH ALL THE RESIDENCE TO THE PARTY OF THE PARTY , and the second The second secon CERTIFICATE OF DEATH

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	signed by the attending physician and campletely filled in by the funeral director,	d blubus z b	00	1,2
	tely filled in	rages I an		
	and cample	bon papers.	1	
	g physician	72 haure offer		
	the attendin	and in any event within 70 hours often death		
n.	signed by	of in any ex		

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g physician burial-trans remaval, certificate use this detached FUNERAL DIRECTOR: age 3 shauld be detac ď registrar

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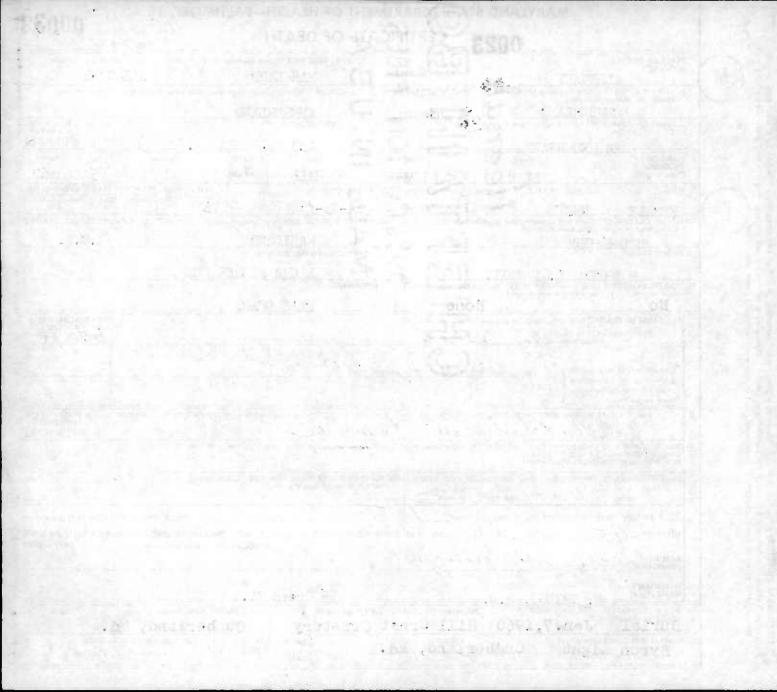
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VS A15 (4)

15M 9/5B

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND MARYLAND ALLEGANY ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CUMBERLAND CHMBERLAND idays d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO 233 COLIMBIA ACRED HEART NAME OF First Middle Last 4. DATE Manth Day Year DECEASED OF DEATH 1 1960 (Type or print) HILL MELLIE LORENE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Hours WIDOWED | DIVORCED T yrs. FEMALE 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) U.S.A. MARYLAND HOUSEMIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LAURA PIERCE NESBITT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. No None PT'S CHARI 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN QAISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 609 x **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 1960 that I last saw the deceased 21. I certify that I attended the deceased fram alive an and that death accurred at. .M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 55 Green St. 220. BURIAL, CREMATION, 22b. DATE THEREO 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Jan. 7.1960 Hill Crest Cemetery Cumberland. Md. 23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight 24b. REGISTRAR'S SIGNATURE Cumberland, Md. 24a. REC'D BY REGISTRAR JAN 8 '60 arthur S. Thomas

DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FUNERAL DIRECTOR:

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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE b. COUNTY						
ALLEGANY MARYLAND	MARYLAND ALLEGANY						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 2 DAYS	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) LA VALE						
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL	/ d. STREET ADDRESS 945 WIERES AVENUE e. IS RESIDENCE ON A FARM? YES NO						
3. NAME OF SCOTT First KENDALL Middle (Type or print) First KENDALL Middle HODG	DON (B) 4. DATE OF DEATH JANUARY 7 19 60						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MALE WHITE WIDOWED DIVORCED	B. DAJE OF BIRTH JANUARY 5, 1960 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind af work done during most of warking life, even if retired)	CUMBERLAND, MARYLAND U.S.A.						
X3. FATHER'S NAME KENDRICK Y. HODGDON	14. MOTHER'S MAIDEN NAME EVELYN I. FRANKFORT						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	WARWICK STORMANT WARWICK STORMANT WARWICK STORMANT WARWICK STORMAND WARYLAND						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate couse (o), stoting the under: lying couse last.	memotherax & Euphysema Ruptured Alueoli						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTION 20b. DESCRIBE HOW INJU	ED. (Enter nature of injury in Port I or Port II of item 1B.)						
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) actary, street, office bldg., etc.)						
21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an	death accurred at 2:35, from the causes and an the date stated abave. M.D. ATTENDING MED. STAFF PHYS. 7 Jan60 1/7/60 22d. ADDRESS Creen ST., Cumberland, Md						
23d. Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Cumberland, Maryland						
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Hafer, Cumberland, Maryl	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE and DATEN 1 4 60 Colour 2 France						

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John J. Haler, Orsbertland, Maryland

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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS) PERFORMED2 NO A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) factory, street, office bldg., etc.) Rawlings. Alleg. Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry X, and find that Homicide . Undetermined cause . DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Jan. 20, 1960 DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, tawn, or county) 0 I - 20 - 60St. John Luth & Ref. Inc. Mt. Plesent Mill Pa. Remova 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RESTAN 25 60 24b. REGISTRAR'S SIGNATURE Scarpelli Cumberland . Md. arthur S. Mrsus DATE SM 9/55

Reg. Dist. No.

Allegany

Day

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Days

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IF UNDER TYEAR

Months

e. IS RESIDENCE

YES NO T

Year

IF UNDER 24 HRS.

Hours

Sumbury . Pa.

Sudden

INTERVAL BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

19 60

Min.

ON A FARM?

b. COUNTY

Month

January

YES.

Address

9. AGE (In years

last birthday)

2nd Street

4. DATE

DEATH

Boyer

VS. A15ME(S)

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VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

25	CERTIFICATE OF DEATH	Reg. Dist. No.

DIACE OF SELECT		UUZO		ATE OF DEAT		111 1 111		ist. No.		
o. COUNTY			MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased	d lived. If instituti b. COUNTY		nce befo	re admis	ision)
ALLEGANY				MARY			-	EGAI	-	
RURAL ond give n		nits, write c. Li	ENGTH OF STAY IN 16	c. CITY OR TOWN (II		rote limits, write h	UKAL ond	give nec	rest tow	/n J
	MBERLAND	-11 - 1 - 1 - 1 - 1	24 hours		rburg				IC DE	CIDENICE
OR INSTITUTION	TAL (If not in hospitol,	give street addre	55}	d. STREET ADDRESS					ON /	SIDENCE A FARM?
1000	CRED HEART			Locus	STREE	er.			YES L] NO [
B. NAME OF DECEASED	Fi	irst	Middle	Last	4. DATE OF	Mor	ith	Da		Year
(Type or print)		ENE		HORTON	DEATH	1	1	29		1960
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In years lost birthdoy)	Manths	R 1 YEAR Days	Hours	DER 24 HR
FEMALE	WHITE	WIDOWEDY	DIVORCED [2-6-1893		66 yrs.				1
Oa. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	d)		ISTRY 11. BIRTHPLACE (Sto	te or foreign c	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY
House	work	Own	n Home	MAR	YLAND			U.S	S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
AT	FRED THOMAS	s (D)		REBEC	CA ?THO	MAS (D)				
5. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16. SOCI	AL SECURITY NO.	INFORMANT		Add	ress			
	in you give not or odies of			PT'S CHA	RT					
18. CAUSE OF DEA	ATH [Enter only one co	ause per line for	(a), (b), and (c).]	, /				INTI	ERVAL B	ETWEEN
	ATH WAS CAUSED BY:		2 eline	blo month	- 1			ONS	SET AND	D DEATH
2214	IMMEDIATE CAUSE (4.12	1 to our 1	7-			_		
Condition										
Conditions, if o	mmediate	b)						_		
lying couse lost.)								
	, ,	c)	DIBLITING TO DEATH BUT	T NOT RELATED TO THE TER	AINIAI DICEAC	F COMPITION OF	(5) 1 IN 1 D A	DT 1/-\\\	2 444 0	ALITORS
PART II. OTI	HER SIGNIFICANT COP	ADITIONS CONTI	KIBUTING TO DEATH BU	I NOT KELATED TO THE TEK	MINAL DISEAS	E CONDITION GI	VEN IN PA	KI I(a) II	PERF	ORMED?
5		Ton Describe			2 11 2	. H . C '4 20 \			YES L] NO[
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	AND. DESCRIBE	HOW INJURY OCCURRE	ED. (Enter noture of injury i	n rom i or rar	i ii or iiem 18.)				
		1		A CC OF MANAGEMENT	lear in					10
20c. TIME OF INJUR Hour o. m. p. m.			OCCURRED 20e. Pl	ACE OF INJURY (Hame, fo actory, street, affice bldg., e	rm, 20t. (City	or fown)		(County)		(Stat
p. m.	19	at work			1/					
21. I certify th	gal I attended the	e deceased f	ram. 1/2-8	19 60 to_	1/29	19 60	that I I	ast sav	v the	deceas
alive an	129	19	, and that death	accurred at 1.5	5M, fram	the causes ar	nd an th	e date	state	d aba
/	0	0.1			ADDRESS (S	treet, city or tawn,	stote}	17	DA	TE SIGN
ACTUAL SIGNATURE	But	Ley	A-	M D					1/30	160
The State of the S	7	1	0						/ /	
PHYSICIAN'S NAME (Type)	LEO H. LEY	M.D.		456 N.C	ENTER :	ST.				
20. BURIAL, CREMATIC		OF 22c	NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town,	or county)		(Sto	ote)
REMOVAL (Specify)										
			rostburg		C. H.LO	stburg				Id.
13. FUNERAL DIRECTOR	BESTSNATURE LELL	ST HOME	ADDRESS	3 5 3 240 PF	C'D RY REGIST	RAR 24b, REG	STRAR'S S	IGNATU	KE	
3. FUNERAL DIRECTOR	estenaturate 1	L' P	ADDRESS Frostb	ourg, Md 240. RE	EB 4 '6		STRAR'S S	IGNATU	KE	

Mary Cong B., _ arc; 40.

may be retaines of the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remave corbon popers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotian, ar removol, and in any event within 72 hours prior de.th.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haw

TO HOSPITAL

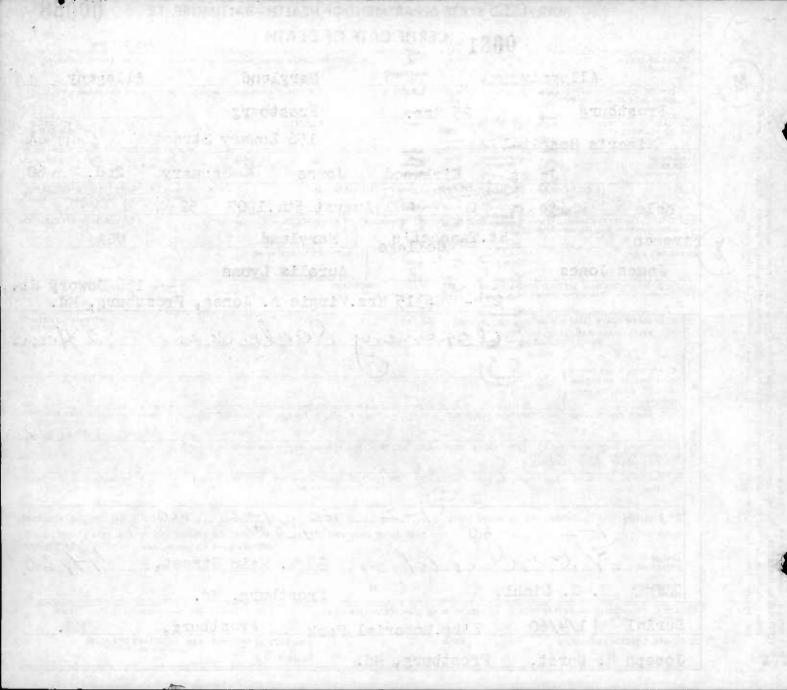
VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0080 CERTIFICATE OF DEATH

	GERTII IG	THE OF BEATTI	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	Service District	2. USUAL RESIDENCE (Where deceased a. STATE	lived. If institution: Residence before admission)
Allegany	MARYLAND	Maryland	Allegany
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carpore	ate limits, write RURAL and give nearest tawn)
Frostburg	10 yrs.	22 Frostburg.	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 50 Beall Street	address)	d. STREET ADDRESS 50 Beall S	e. IS RESIDENCE ON A FARM? YES NO TX
70 200111 201000	10.14		01 00 0
3. NAME OF First DECEASED (Type or print) Charlot		Jeffries 4. DATE OF DEATH	January 19th, 19 60
S. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED		AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White wipow		April 1st,1890	69 yrs.
10a. USUAL OCCUPATION (Give kind of work done dyring mast of warking life, even if retired) Retired Nurse	kind of Business or Indu Vursing	Nova Scotia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Donald MacAulay		Margaret Fras	er
		rank Jeffries,	Frostburg, Md. Street,
18. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), and (c).]	17 "	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: ((LL))	Growie - he	youarditio	3 11-1) -
420.1 DUE TO	a - 1	1 5 2	0.0
Canditians, if any, which) (b)	hirewe hu	warled Intar	tron / munite
gave rise to immediate cause (a), stating the under-	1		
lying cause last. (c)	<i>'</i>		
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CITY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Part I ar Part	II af item 18.)
20c. TIME OF INJURY Manth, Day Year 20d. I Haur a. m. While at war	_ Nat white_ fa-	ACE OF INJURY (Hame, farm, 20f. (City ctary, street, affice bldg efc.)	or tawn) (Caunty) (State)
21. I certify that I attended the deceas	ed from TUNE	, 1957, to JANII	9 , 1969, that I last saw the deceased
alive an JAN 19 , 196	o, and that death	accurred at 12:30 FM, from the	he causes and on the date stated above.
000		ADDRESS (Str.	pet, city ar tawn, state) DATE SIGNED
SIGNATURE MINISTER MAN	Mittery by	Mb. 48 Broady	ay,
PHYSICIAN'S Martin M. Rot	hstein, M. D	Frostburg	, Md.
22g. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		ON (City, tawn, ar caunty) (State)
Bur1a1 1-22-60	F'bg.Memor	rial Park Fro	stburg, Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTR	
Joseph R. Durst, Fr	ostburg, Md.	DATE JAN 2 2 '6	O Octhur S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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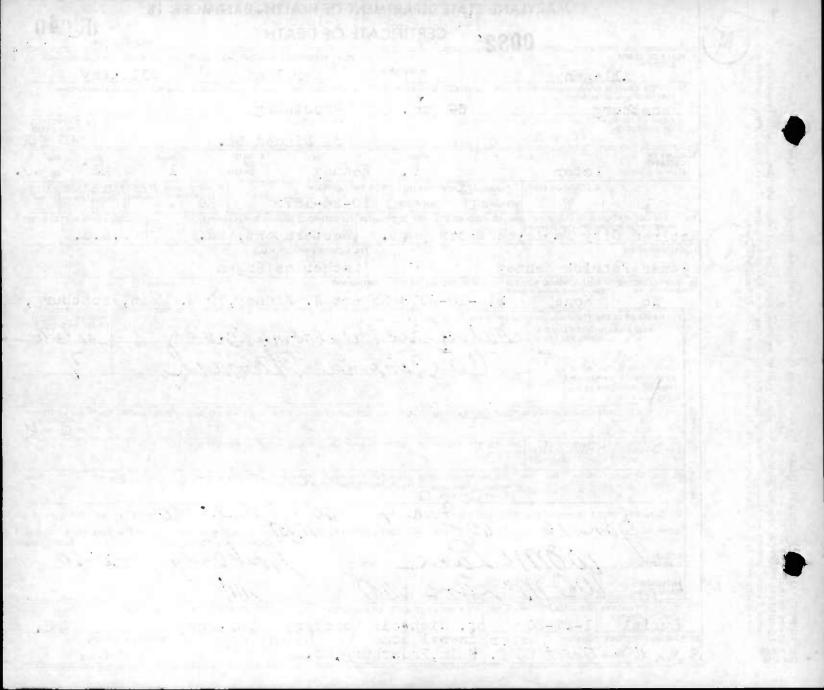
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 1 FilmG255 2-1060 et CERTIFICATE OF DEATH

Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY	llegany		MAR	CLAND	o. STATE	laryla		l lived. If instituti b. COUNTY				sion)
	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If o	utside corpo	rote limits, write R				n)
Frostbi			60 vrs		22Fro	stbur	g					
	PITAL (If not in hospital, g	ive street			d. STREET		-				e. IS RES	SIDENCE A FARM?
OK INSTITUTIO	Own hor	ne			31	Linde	n St					X ON
3. NAME OF	Fir	st	Middle			ast	4. DATE	Mor	ith	Do	у	Year
(Type or print)	Peter		T	•	Kenney	T	OF DEATH	1		23		19 60.
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 🔲	B. DATE OF BIR	TH	150	9. AGE (In years last birthdoy)		_		ER 24 HRS.
M	W	WIDOW	ED DIVORCE	DO	10-24-	-1875		84 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTH	PLACE (Stote	or foreign co	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY?
Retired (corking life, even if retired Emplo	yee	Water Su	pt.	West	ternpo	ort,	Md.	T	J.S.	A.	
13. FATHER'S NAME					14. MOTHER	'S MAIDEN N	IAME					
James Pa	atrick Ken	ney			Cathe	rine	Eaga	n				
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 1	NFORMANT			Add	ress			
(Yes, no, or unknown)	(If yes, give wor or dates of s None	21	3-10-967	B Ro	bert 3	J. Ker	nney,	70 W. N	lain,	Fro	stb	urg, l
The state of the s	DEATH [Enter only one co	use per li	ne for (o), (b), and (c)	1	11			7 .			ET AND	
PART I. D	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1/1/	elastas	de	acce	nom	als	rain			46	of
151x	DUE TO		1				1	0			7	
Conditions, if)	cass	ins	ma	57	om	ack			1	
gove rise to couse (o), statis											4.	
lying couse los		.)										
PART II. C	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED T	TO THE TERMI	NAL DISEASI	E CONDITION GIV	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY ORMED?
PART II. C											YES	
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE). (Enter noture	of injury in f	Port I or Port	t II of item 18.)				
20c. TIME OF INJ	n. 10	While	NJURY OCCURRED Not while	20e. PL/ foo	ACE OF INJURY tory, street, offi	(Home, farm ice bldg., etc.	, 20f. (City	or town)		(County)		(Stote)
21. I certify	that I attended the	deceas	sed fram an	4	19/00	2, ta 9	an.	23, 1860	that I le	ast sav	v the c	deceased
alive an 9	an 16	. 19 (104	death	accurred a	With		the causes ar				
1	0-		5					reel aty or town,				TE SIGNED
ACTUAL SIGNATURE	111111	76	Tune		M D	5	Best	bulg	1-	-25	-60	2
	9000	-	4			/	<i>V</i>	1				
PHYSICIAN'S NAME (Type)	WOM	10	Lane	MA	0		me	1/				
220. BURIAL, CREMA	TION, 22b. DATE THEREC)F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Sto	te)
REMOVAL (Speci Burial			St. Mich	aels	Geme!	tery	Fros	tburg				Md.
23. FUNERAL DIRECTO			Funoreal .				BY REGIST		STRAR'S S			
Genlah H. I	untersut 2	3 E.	Main, Fr	ostk	urg, Mo	DATE	AN 29'	00	lithun 2	S. Tha	ue	

VS A1S (4) 1SM 9/5B



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hours after deoth.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

00041

. 0	025 CERTIFICA	TE OF DEATH		
1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE MARYLAND	b. COUNTY GAI	RRETT
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) CUMBERLAND	20DAYS	c. CITY OR TOWN (If outside corpo		1×-2
d. NAME OF HOSPITAL (If not in hospital, give	NL HOSPITAL	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MISS M	ARY E. KINSINGER	Lost 4. DATE OF DEATH	JAN 24,	Doy Yeor 1960 19
FEMALE WHITE W	DOWED DIVORCED	B. DATE OF BIRTH	last birthdoy) Mant	DER 1 YEAR IF UNDER 24 HR: hs Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	HOUSE WOR	STRY 11. MRTHPLACE (Stote or foreign of GRANSSVILLE,		CITIZEN OF WHAT COUNTRY
JOEL KINSINGER		14. MOTHER'S MAIDEN NAME LINNIE CUSTER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war ar dates af service	1 2 0 -	NFORMANT EMORIAL HOSPITAL, C	Address UMBERLAND.	MD.
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) UDUE TO		monea, stuj	spe Nove	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (b)	arterioscl	erotic vast	ulor dis	1
ZOO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIB	any pollows	NOT RELATED TO THE TERMINAL DISEAS	20/194	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
Haur o.m.	20d. INJURY OCCURRED 20e. PL While Not while 1 work 0 ot work 0	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.)	y or town)	(County) (State
21. I certify that (I) (this haspital) a saw the deceased alive an	- 1 / 13	death accurred at M, fram		9_6_Pihat (1) (we) las
220. SIGNATURE	shere:	M.D. ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S		22d. ADDRESS	0 1	- A

may be retained by the hospital ar atlending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the atlending physician and campletely filled in by the funeral director, and the former of the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hav page 3 should be detached for use os the burial-transit permit. Then please remove carban the State Board of Health prior to burial, crematian, or removal, and in any event, within 78 TO HOSPITAL VR A1S (4) 1SM 9/S9

230. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23b. 60

DR. W. E.WILLIAMS

22c. PHYSICIAN'S NAME (Type)

24 FUNERAL DIRECTOR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

ADDRESS

2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATER 160

(State)

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arty (Francis)	San State Control	V. T	ROATHS L

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death. Page 4

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

00042

CEPTIFICATE OF DEATH

			1114	CERTI	107	IL OI DEATH					
1.	ALLEGANY	92967		MARY	LAND	2. USUAL RESIDENCE (Who	ere deceosed	b. COUNTY	Residence be	efare admi	ssion)
	b. CITY OR TOWN (II RURAL and give ne CUMBERLAN		s, write	6 DAYS	IN 1b	c. CITY OR TOWN (If or	utside corpor	rate limits, write RU	RAL and give	nearest tav	vn)
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If nat in haspital, gi	ve street of			d. STREET ADDRESS	REET			ON	A FARM?
3.	NAME OF DECEASED (Type or print)	PETER		Middle Mat 1	thew	Last KLA VUHN	4. DATE OF DEATH	JA NUAF		Day 7	Yeor 19 60
S.	MA LE	6. COLOR OR RACE WHITE	7. MARR	IED X NEVER MARRIED DIVORCE		B. DATE OF BIRTH MAY 16, 1885	5	1 1 1 1 1 1 1	Months Doy		
]	Retired E	ing life, even if retired)		kind of Business of Apiary	R INDUS	TRY 11. BIRTHPLACE (State of CUMBERL)	AND, N	MARYLAND		OF WHAT	COUNTRY?
13.	FATHER'S NAME	DEBICK KIAN	/HLIM			14. MOTHER'S MAIDEN N		*+ #foldt			
	WAS DECEASED EVEN	DERICK KLAN R IN U. S. ARMED FOR (If yes, give wor or dates of se	CES? 16.	SOCIAL SECURITY NO		Augustin FORMANT EMORIAL HOSPI		Addre	\$\$	LAND	
		TH [Enter only one can TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	use per lir	ne far (a), (b), and (c).	1	occulse	on	/	l o	NTERVAL E	BETWEEN D DEATH
	Conditions, if or gove rise to in couse (o), stoting	mmediote (9	grad	De	1 outer	ord	www		;	
CATION	lying cause lost.	(c)	PRIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASI	E CONDITION GIVE	N IN PART 1(a		S AUTOPSY FORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE). (Enter nature of injury in P	art I or Port	t II of item 1B.)	Will.		
MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	Y Month, Doy, Yea	20d. In While of worl	NJURY OCCURRED Not while of work		CE OF INJURY (Hame, farm, tory, street, affice bldg., etc.		ar town)	(Caun	ly)	(Stote)
	21. I certify that saw the decease 22a. SIGNATURE	t (I) (this haspital ed alive an 1)	attend 1-7-	1 .	that d	eath accurred at 11:		the causes and		ite state	(we) last ed abave. 22b. DATE SIGNED
23	NAME (Type) 2. BURIAL, CREMATIO		MONS.	23c. NAME OF CEM	ETERY O	algor	DE LOCAL	Houl	Cynl	extor	ofe)
	Burial (Specify)	1/20/60		1	_	neran Cem.	/ -	berland	, Md.	Total 2	ole)
24	H. Wayn		Cun	aberland,	Md.		BY REGIST		TRAR'S SIGNA Than & H		

TO HOSPITAL VR A1S (4) 1SM 9/59

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TO HOSPITAL

VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (W	L COUNTY	tion: Residence before admission) Y ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBER LAND	c. LENGTH OF STAY IN 16		outside corporate limits, write ERLAND	RURAL and give nearest town)
d. NAME OF HOSPITA MEMORITAL HOSPI OR INSTITUTION MEMORITAL AVENU		d. STREET ADDRESS	MEMORIAL AVENU	e. IS RESIDENCE ON A FARM? YES NO M
3. NAME OF First DECEASED (Type or print) HE NRY	Middle	Lost KUHN	0.5	UARY 25, 19 60.
S. SEX 6. COLOR OR RACE 7. MARR WHITE WIDOWE	ED DIVORCED DIVORCED	8. DATE OF BIRTH SEPTEMBER 8	, 1909 9. AGE (In years lost birthdoy)	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if catived)	KIND OF BUSINESS OR INDU	11. BIRTHPLACE (Stote CUMBER LA 14. MOTHER'S MAIDEN	ND, MD.	12. CITIZEN OF WHAT COUNTRY?
HENRY KUHN		JESSIE TR		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. If or, no, or unknown (If yes, give yor or doles of service)	. 1 12 111 20	NFORMANT		dress AND, MD.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 33/× DUE TO	ne for (o), (b), and (c).]	Jenowh	og e	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. Conditions, if ony, which (b) DUE TO DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS COND	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	WINAL DISEASE CONDITION C	IVEN IN DADT VOLUME AUTORS
O TAM III. OTHER SIGNIFICART COMBINIONS S	CONTRIBUTING TO DEATH BUT	NOT REDATED TO THE TERM	WINAL DISEASE CONDITION O	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. While p. m. 19 wor	Not while for	ACE OF INJURY (Home, far ctory, street, office bldg., et		(County) (State
21. I certify that (I) (this haspital) attends saw the deceased alive an 1125	10	OeTober 19	57, ta $1/25$	19.6_O that (I) (we) last
220. SIGNATURE	on	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
DR . XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	HARR SIMONS	22d. ADDRESS		
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 27 Jan 60	23c. NAME OF CEMETERY CO		23d. LOCATION (City, lown, Cumberland, M	aryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Frederick St.	25a. REC	C'D BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE

EXPRIO		100 (100 mily) (20) 100 (20) (10) (20)	MAN.	
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	THE AMERICAN AS	00:00		OCAJE ZUAD
Surav	V JUNEOUS BIB		TATISCH INTO	MAN A STATEMENT
Comments	HARTY HARTY		9(3)	
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han female, a	Park Digitorian	ALTER TO THE	mis 50 mil	S . All
	145 PM MU 150 . Hell	a .do robel	STI TIL FIS	

death. Page 4

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may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be fixed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs offer death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL VS A1S (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 8 FilmG255 2-2-60 et 0029 CERTIFICATE OF DEATH

Reg. Dist. No. 0044

1.	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ATJEGANY												
	b. CITY OR TOWN (IF RURAL ond give ne	outside corporate lim arest town)	its, write	c. LENGTH OF			CITY OR TO				ts, write R	URAL ond	give ned	erest town	1)
L		BERLAND		62 Yea	rs	00	2	CUMB	ERLAN)					
	d. NAME OF HOSPITA		give street	oddress)		/ d	. STREET ADD								FARM?
-		RED HEART				1		309	POLK,	ST				153	NOD
3.	NAME OF DECEASED (Type or print)	Fi	rst		iddle		Last		4. DATE OF DEATH		Mon	th	Do	,	Yeor
-		RAYMOND	1-	BEAL			KUHNS		DEATH			Tierringe	2		180
15.	SEX	6. COLOR OR RACE	/- MARR	HED NEVER M	ARRIED 🔲	B. DAT	E OF BIRTH			9. AGE	(In years pirthdoy)	Months	Doys	Hours	R 24 HRS. Min.
	MALE	WHITE	WIDOW	D DIVO	ORCED 🔲		1-/13/	98/	1898		52 yrs.	74.0111113	Doys	Hours	Will.
10		ng life, even if retired	done 10b.			STRY 1	1. BIRTHPLAC	E (Stote	or foreign c	ountry)		12.CI	TIZEN OF	WHATC	OUNTRY?
	Repai	rman		Electr	Tear		MARYTA	ND				U	S.A		
113.	FATHER'S NAME					14.	MOTHER'S M	AIDEN N	NAME						
	ODENOE	A PRICEITAN	-				TH EAT	DIST	A BEA	r T					
15.	SPENCE!			SOCIAL SECURITY	V NO I	NFORM		ופים	A DEA	_ لايا	Add	ress			
	rs, no, or unknown) [f yes, give war or dates of t													
	No		17	05-05-3	962	p	T'S CH	ART							
		TH [Enter only one co	ouse per lin	ne for (o), (b), onc	d (c).]	70	,	2						ERVAL BE	
		IMMEDIATE CAUSE (10 cm	2	W	200h	1	12				10	ni	2
	420.1	DUE TO			0										
	Conditions, if on	y, which) (t	1												
	gove rise to in	mediote (
	lying couse lost.	ne <u>under-</u>													
z		ER SIGNIFICANT CON	-	CONTRIBUTING TO	DEATH BUT	NOT P	ELATED TO T	LIE TE DANI	INIAI DICEAC	E COND	ITION CIV	/ENLINI DA	DT 1/01 1	0 W/AC	ALITOPSY
CATIO	TAKE III. OIII	ER SIGIAITICATAT CON	iomons <u>c</u>	ONTRIBUTING	O DEATH BOT	11401 K	ELEXIED TO T	TIL TERM	IIIAE DISEAS	L COND	INOIN GIV	CIA IIA FA	K1 1(0)	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJU	RY OCCURRE	D. (Ente	er noture of in	njury in	Port I or Por	t II of ite	em 18.)		41		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	20d. It While of wor	NJURY OCCURRED Not while			F INJURY (Ho treet, office b			or town)		(County)		(Stote)
П	21 certify the	at I attended the	deceas	ed from	mm.		1059	to T	1	2_	10 6	12+11	act can	, the d	eceased
	()		deceds	0 1.	1	/	, 3f,								
	alive on	11	-, 19	out, and i	that death	accu	rred at			_	uses an	d an th	e date	stated	above
		nal	1 /1.	100.			6)	ADDRESS (S	treet, gty	or gwn,	stote)	1 .	DAT	E SIGNED
	ACTUAL SIGNATURE	5. m. 1	yu	wall	/	M.D	432	ren	MI	me	May	m	_//	2	1.611
							()				7	1	1	1	, ,
	PHYSICIAN'S NAME (Type)	M. SCH IN	DLER				43 G	REEN	JE ST.						
22	BURIAL, CREMATION			22c. NAME OF	CEMETERY C	D CDEA			22d. LOCA	TION (Ci	ty town	or county)		(Stot	
	REMOVAL (Specify)	Jan 25	196				l Parl	k			land		Md		-1
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	-		2	4a. REC'	D BY REGIS	TRAR :	24b. REGIS	STRAR'S S	IGNATU	RE	
	Byron K	ight	C	umberla	and,	Md			27'60		arily	41 8. 1	Trava		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00045

Reg. Dist. No.

/		Allegar		MARYLAND	g. STATE	yland b. col		
	b	o. CITY OR TOWN (If outside a ond give nearest town)		c. LENGTH OF STAY IN 16		f autside corporate limits, v	vrite RURAL and give n	nearest town)
		Cumberlar			/	Barton		I
9	Ľ		Hospital-	hospital, give street address)DOA	. STREET ADDRESS			o. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	First WILLIAN		Lost LAMBERSON	DEATH Janu	M	Year 19 60
	S. S		widov		June 6 19	20 9. AGE (In year lost birthday)	Months Days	Haurs Min.
	10a	. USUAL OCCUPATION (Given most of working life, Elect)	even if retired)	Sterling Elec	PARTAN	or foreign country) MARYLAND	USA	F WHAT COUNTRY
	13.	FATHER'S NAME MAI	rRice L	Amberson	14. MOTHER'S MAIDEN N	Louise	Meve	RS
)	1S. (Yes		. S. ARMED FORCES? In war or dates of service)	6. SOCIAL SECURITY NO. 17.	FORMAN Lambers		md.	
		18. CAUSE OF DEATH [En PART I. DEATH WAS IMMED 420.] Conditions, if any, wh gave rise to immediate co, of stating the underly cause last.	CAUSED BY: IATE CAUSE (a) DUE TO Sich (b)	Coronary sc		on with thr	ONSE	RYAL BETWEEN ET AND DEATH 30 Min
2	CERTIFICATION	PART II. OTHER SIG		CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION		9. WAS AUTOPSY PERFORMED? YES NO
		20g. EXTERNAL CAUSE WA PRIMARY G or CONTRIBUT CAUSE OF DEATH.	SING 20b. DESC!	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Par	t I or Part II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	W		E OF INJURY (Home, farm ry, street, office bldg., etc.		(County)	(State)
		death resulted fram		remains described above. Accident . Suid	cide [], Hamicide	Undetermine		, and find the
_		EXAMINER'S NAME (Type) Ben	edict Skit	tarelic, M.D.	_M.D. CHIEF MEDICAL E) ASSISTANT MEDIC DEPUTY MEDICAL	AL EXAMINER	nuary 30,	1960
1	22a	BURIAL, CREMATION, 22L REMOVAL (Specify)	DATE THEREOF	PhiLOS (CREMATORY	WesTern	wn, or county), V POR	(State)
1	23.	FUNERAL DIRECTOR'S SIGN	ATURE	Westernport	Md , DATE	B 3 60 24b. R	EGISTRAR'S SIGNATUR	

ar remayal. VS. A15ME(S) SM 9/55

DUTT AND EASIER IN THE PARTY OF Market Street St and the College of th Market Market and Charles and County The State of Market and County and Advantage LORGINAL TO BE SANDER OF THE SANDERS

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CERTIFICATE OF DEATH

00046

			GENTINION	TE OF BEATT					
1. PLACE OF DEATH o. COUNTY	LLEGANY	7001	MARYLAND	2. USUAL RESIDENCE (V		COUNTY	nce before admission) LEGANY		
	If outside corporate limits, legrest town) KLAND	write c. LEN	I3 DAYS		RNPORT	nits, write RURAL and	give nearest town)		
OR INSTITUTION	TAL (If not in hospital, giv	e street oddress)	d. STREET ADDRESS 439 VINE STREET 9.15					
3. NAME OF DECEASED (Type or print)	First JO	HN	Middle W.	LANTZ	4. DATE OF DEATH	Month JA NUARY	Day Year 30 19 60		
5. SEX MALE	6. COLOR OR RACE V	MARRIED NIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH MARCH 28	lost	E (In years birthdoy) Months yrs.	1 YEAR IF UNDER 24 HRS. Doys Hours Min.		
106. USUAL OCCUPATION OF THE PERSON OF THE P	ON (Give kind of work do king life, even if retired)	ne 10b. KIND C	OF BUSINESS OR INDU	PENNSY	te or foreign country)		J.S.A.		
13. FATHER'S NAME	von /	-AN	1-2	14. MOTHER'S MAIDEN RACHEL W					
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCE (If yes, give war or dates of serv		SECURITY NO. 17.1 0-10-776	MEMORIAL HO	WARWICH SPITAL - C	& MEMORIA	AL AVENUE , MARYLAND		
154×	ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO	and	E left we	triular o		tion	INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if course (o), stoting lying couse lost.	the under- DUE TO (c)_	Dign	ord col	e delatar			5 class		
3 ad	enoran	mirra	- of rec	NOT RELATED TO THE TER			PERFORMED? YES NO		
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter noture of injury i	n Port I or Port II of i	tem 18.)			
20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Doy, Yeor		lot while fo	LACE OF INJURY (Home, fo octory, street, office bldg., e		(n) (r	County) (Stote)		
saw the decea	74	-	and the same of th	death occurred ot M.D. ATTENDING X	MED. STA	auses and on the	e dote stoted boxes		
22c. PHYSICIAN'S NAME (Type)	DR. THOMA	S LEWIS		122d. ADDRESS 1 Hertel a	lgorquin	, aunter	land Med.		
23a. BURIAL, CREMATIC		D 23c. 1	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	City town or county)	1 mcl		
24. FUNERAL DIRECTOR	SULL -	West	empo	t, mo DATE	C'D BY REGISTRAR FEB 3 '60	25b. REGISTRAR'S SI	S. Thous		

TO HOSPITAL VR A15 (4) 15M 9/59

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		4,7		

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	tasare survival		JATTISCH JAHR	
OF TRAINING	TANKI TANKI		mbu	
	ST SS HORSE		37189	
* (42 *)	FEMCYUNEI		030	11 7 3 1
	PACHEL WINNESOFF			

DE THOMA CANHIS

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

		Millian .
	fith	1 40
0	- Sect	M
	P	

1. PLACE OF DEATH

	1	. COUNTY	Allegany	MARYLAND	a. STATE	[aryland	b. COUNTY All	egany
	_	RURAL and give r	(If autside carporate limits, writh nearest tawn) oerland	c. LENGTH OF STAY IN 1b 1 week		TOWN (If outside corporate aberland	limits, write RURAL and g	ive nearest tawn)
X		d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give stre	eet address)	d. STREET A	Columbia St	4-25-26	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Margaret	Middle Blanch	ne Lee	4. DATE OF DEATH	January	23 Year 60
	5.	Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT		4 1 4 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
ter death.	L	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER	rking life, even if retired)	9ublic School	14. MOTHER'S	ACE (State or foreign count MAIDEN NAME	(y) 12.CITI	ZEN OF WHAT COUNTRY?
haurs of			Charles Price ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT	Ellen Smith	Address	
within 72	-	No CAUSE OF DE		None	Mrs. The	s. Chandler	, Bowling G	
ent with			ATH [Enter only one cause pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BI	concho Pneumonia	, bilater	al, chronic		ONSET AND DEATH 2 months
nd in any ev		Canditians, if a gave rise to cause (a), stating lying cause last.	immediate DUE TO	ronic Bronchit			ysema	years years
0	CATION	PART II. OT		NS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO	THE TERMINAL DISEASE CO	DNDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO ST
	L CERTIFI	(IF EITHER, NOTIF)	G CAUSE OF DEATH	PESCRIBE HOW INJURY OCCUR	RED. (Enter nature o	f injury in Part I ar Part II o	of item 1B.)	
51000	MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	Wh		PLACE OF INJURY (factory, street, affice		tawn) (C	aunty) (State)
prior ta burial, cr		ACTUAL SIGNATURE		assed fram November 260 , and that deal	th accurred at	1:52aM, from the	causes and an the	
oage 3 shauld he registrar pr			and F. Doerner			Cumberland,		ryladd.
the reg	_	BURIAL, CREMATIC REMOVAL (Specify Burial FUNERAL DIRECTOR	1/25/60	Hillcrest ADDRESS		Park Cumbe	(City, town, or county) rland, Mary 24b. REGISTRAR'S SIC	(State)
8	23.		Hafer, Cumber			DATE JAN 25 '60	arthur 2.	

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Character of the original control of the control of interest the same property of the same of Tooley to Fp. 3 Men Bore DE true Cham Ton, Cham Tor, Howling Green, Mc. The strain of the state of the The same present the transfer of the sale to be the O SECULO SERVICE SERVI

Hodel 1/27/83 citiosof makel des Andreton, personal

may be retained. If the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed-with the State Board of Health prior to burial, cremation, ar removal, and in any vent, which in 72 hours after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY			MARYLAND	o. STATE	2 2	ased lived. If institut b. COUNTY		re admission)
	egany outside corporate limits	write C IENC	OTH OF STAY IN 16		ary Land	rporote limits, write	ALLEGE	irest town)
RURAL and give no	arest town)	_		10	mberlan	and the same of the	NORTH BIO GIVE HE	,
d. NAME OF HOSPIT	AL (If not in hospital, gi		0 years	d. STREET AC		<u> </u>		IS RESIDENCE
OR INSTITUTION						aton Ct		e. IS RESIDENCE ON A FARM? YES NO
	Princeton				18 Prin			
3. NAME OF DECEASED (Type or print)	Firs		Middle	Last	4. DAT OF DEA	TU =	onth Do	/ .
S. SEX	ISON 6. COLOR OR RACE	C.	LINAWE	B. DATE OF BIRTH	DEA	9. AGE (In years	LE INDER I VEAR	19 60 IF UNDER 24 HRS.
Male	White	WIDOWED [DIVORCED [1879	last birthdoy) 80 yrs	Months Days	Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work ding life, even if retired)	lone 10b. KIND OF	BUSINESS OR INDI	USTRY 11. BIRTHPLA	CE (State or foreig	n country)	12. CITIZEN OF	WHAT COUNTRY?
Carman			& O. RR	Morg	an Co.	W, Va.	USA	1
13. FATHER'S NAME			50° 45. U	14. MOTHER'S	MAIDEN NAME			
Corne	lius Lina	weaver		An	n Hover	mill		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		SECURITY NO. 17.	INFORMANT		Ade	dress	
No	in yes, give war or oures or se	A3293	362 F	essie L	inaweav	er Cu	mberland	d. Md.
18. CAUSE OF DEA	TH [Enter only one cau	use per line for (a)			^	C	INTE	RVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	16-100	time	SIV	1 10-	sene	C I	ET AND DEATH
ии3 х	DUE TO	7/10		-	1 20-		1	- yer
Conditions, if a	v. which)	200	renhe	m-t			7	wel:
gave rise to i	n mediote							
couse (o), stoting lying cause last.	(c)						1 - 11 - 11	
Z PART II. OTH	ER SIGNIFICANT COND	DITIONS CONTRIBL	JTING TO DEATH BL	IT NOT RELATED TO	THE TERMINAL DISI	EASE CONDITION G	IVEN IN PART 1(a) 1	9. WAS AUTOPSY
CATIO							4511677	PERFORMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter nature of	injury in Port I or	Port II of item 18.)		
3 20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. INJURY O		LACE OF INJURY (H		City or town)	(County)	(State)
20c. TIME OF INJUR Hour a. m.	19	While No	i writte	actory, street, office	bldg., etc.)			
₹ p. m.			-),	79	1	9 -1 1	
1 1 .12 .1							7 1927 L/th	
	t (l) (this haspital)	attended the	1.1		195-/. to	11 711		at (1) (we) last
saw the deceas		attended the	1.1	death occurred	10 12	the courses o		stated above.
		attended the	1.1	death occurred	at/O_P.M. fro	the courses a		
saw the decease		Jestended the	1.1	M.D. ATTENDING	at/O_F.M. fro	the courses a		stated abave.
saw the deceas		oftended the	1.1	death occurred	at/O_F.M. fro	the courses a		stated abave.
saw the decease 220. SIGNATURE 22c. PHYSICIAN S NAME (Type)	ed alive an	16 19 sales	1.1	death occurred M.D. ATTENDING PHYS. 22d. ADDRES	at/D_F.M., from MED. DIRECTOR	the courses a	nd an the date	stated abave.
220. SIGNATURE 220. PHYSICIAN S NAME (Type)	ed alive an	19 Jdle 19 23c. N.	bO and that	death occurred M.D. ATTENDING PHYS. 22d. ADDRES	ot/O PM, fro	on the courses a	nd an the date	stated abave. 22b. DATE SIGNED
saw the decease 220. SIGNATURE 220. SIGNATURE 220. PHYSICIAN 5 NAME (Type) 23a. BURIAL, CREMATIC REMOVAL (Specify)	N. 23b. DATE THEREO 1/22/19	16	60 and that	M.D. ATTENDING PHYS. 22d. ADDRES	ot/O PM, fro	CATION (City, town, Cumberla	nd an the date	stated abave. 22b. DATE SIGNED (State)

THE CONTRACT OF THE PROPERTY O DB William Dad to the second of the second o CENTER OF THE CONTRACTOR OF TH AND AND LIEUTO LEVYNY MELL DELEGE MOLLECTE College Common Common Common Develop THE COUNTY OF CHARLEST AND THE COUNTY OF THE

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or remavol.

VS. A15ME(5) 5M 9/55 00049

Reg. Dist. No.

		Allegany	MARYLAND	2. USUAL RESIDENCE (N	Where deceased lived. If Institution: Resi land b. COUNTY A	idence before admission) .llegany
	b. CITY OR TOWN (IF and give necrest town) Cumberlan	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporole limits, write RURAL and	and give nearest town)
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not i	n hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Memori	al Hospital		231 Arch	Street	YES NO X
	NAME OF DECEASED (Type or print)	First LAUR A	Middle ALICE	LYNCH	4. DATE Month OF DEATH January	Day Year 11 1960
5.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	. DATE OF BIRTH	for the state of	ER TYEAR IF UNDER 24 HRS.
	emale			eb. 10,1868	91 yrs. months	Days Hours Min.
10c	during most of working ousewife	ON (Give kind af work dane) g life, even if relired)	Own Home	Green Cou	or foreign country) 12. C nty, pennsylvania	ITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	1245
	Isaac	Grandon		Matilda	Jobe	
	s, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	10.000	s. Earl Gau	ntz, Cumberland,	Maryland
	PART 1. DEAT 422./ Conditions, if an gave rise to immed (a), stoting the conditions	liate cause	Chronic Myc		Disease	INTERVAL BETWEEN ONSET AND DEATH
TION				NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
Š			ight hip			YES NO M
L CERTIFICATION	20g. EXTERNAL CAU PRIMARY Gr CON CAUSE OF DEATH.	NTRIBUTING A	Fell at home	inter nature at injury in Par	rt t ar Part II at item 18.)	
MEDICAL	Hour 4 00 p. m.	-	20d. INJURY OCCURRED 20e. PLA While Nat while foctor at work at work	CE OF INJURY (Home, farm ary, street, office bldg., etc HOMO	Cumberland.	Alleg. Md.
			he remains described abo			7 SHAPE
	death resulted	from: Natural cause	kitarelia	CHIEF MEDICAL E		DATE SIGNED
	EXAMINER'S NAME (Type) BO	nedict Skit	arelic, M.D.	DEPUTY MEDICAL		1, 1960
220	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or county	(State)
_	Burial	1/14/60	Rose Hill Ce	mtery	Cumberland, Mary	
23.	Tobn J H		land Maryland		N 1 4 '60 246. REGISTRAR'S S	
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HYARD BO BY ADMITSED BY REVIEW AND the late of the property of the state of the Cross Somety, Device Cylinds - CTDA Control Testal Land French . bought in the Construction of the construction and some the state of the White In-TO HE STORY DO NOT A SECURE OF THE PARTY OF and the second of THE RESERVE TO SECTION INC. ST. and the control of the company of the control of th Figure 1996 In the Property of the State of mortal and the second s Sharper of the sharper of the latter of the M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00050

		010	CERTIFIC	CAI	E OF DE	AIH			Reg. D	ist. No		
a. COUNTY	Allegany		MARYLAN		o. STATE		ere deceased	lived. If instituti b. COUNTY			re odmiss gany	ion)
b. CITY OR TO	OWN (If autside carporate give nearest town)	limits, write	c. LENGTH OF STAY IN 1	Ъ	c. CITY OR TOW		utside carpor	ate limits, write R	URAL ond	give ne	arest tawn)
d. NAME OF OR INSTITU	HOSPITAL (If not in haspite) West St.	al, give street	oddress)		d. STREET ADDR		it.	High			e. IS RES ON A YES	PARM?
3. NAME OF DECEASED (Type or print)	Joseph	First	Middle Thomas	M	ackley		4. DATE OF DEATH	Jan. 2		De	,	Year 19 60
s. sex Male	6. COLOR OR RA	CE 7. MARI	RIED NEVER MARRIED [DIVORCED		DATE OF BIRTH	878		9. AGE (In years last birthday) yrs.	Months Months	R 1 YEAR Days	Hours	R 24 HR
Oa. USUAL OCC during most Miner	UPATION (Give kind af wo af warking life, even if reti	redl	kind of Business or in Doal Mine	NDUSTR'	V 11. BIRTHPLACE		ar fareign co	untry)		TIZENO	F WHATC	OUNTRY
3. FATHER'S NA	ME			1	14. MOTHER'S MA	IDEN N	AME					- 8
Ric	chard Mackley	Ţ			Emma B	urge	23					
15. WAS DECEAS	EDEVER IN U. S. ARMED		SOCIAL SECURITY NO.	INFO	DRMANT	0		Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates			Mrs	. Ernest	Kim	ble-Mo	Coole, 1	Md.			
gave rise cause (a), s lying couse PART	s, if any, which to immediate tating the under-	(b) TO (c) CONDITIONS	CONTRIBUTING TO DEATH						VEN IN PA	RT 1(a)	19. WAS PERFO	RMED?
20c. TIME OF	INJURY Manth, Day,	(R)	Not while		OF INJURY (Ham y, street, office blo			ar town)		(Caunty)		(Stote
21. I cert alive an_ ACTUAL SIGNATURE PHYSICIAN' NAME (Type			ed fram	eath a		A		7, 1960 the causes ar reet, city ar tawn,	nd on th		e stated	
22a. BURIAL, CRE REMOVAL	MATION, 22b. DATE THE		22c. NAME OF CEMETER Thomas Come					ION (City, town, Elkgard)	W. Va	e)
	ECTOR'S SIGNATURE	7	ADDRESS Westernport, N	-	24	o. REC'	BY RECIPI		STRAR'S	IGNATU	RE	

VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

YLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18 00051
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0000.
0002	Reg. Dist. No.

				-0-0	~							
	1. [PLACE OF DEATH		UU	34		2. USUAL RESIDENCE (V	Where decease	d lived. If Institu		nce before ad	nission)
1			Allegany		MARYL		Maryl			All	egany	
	ь	ond give nearest town	f outside corporate limits, write n)	RURAL	c. LENGTH OF STAY IN	4 16	c. CITY OR TOWN (IF	f autside corp	orate limits, write	RURAL and	give nearest t	own)
Н		Cumberla			DOA		X Barrelvi	lle				
	d	I. NAME OF HOSPIT	AL OR INSTITUTION (I	f not in hor	spital, give street address)		d. STREET ADDRESS				e. IS	RESIDENCE
		Sacred h	eart Hospi	tal		- 1	Rt. L. Bo	x 166	Mt. Sa	vage.	Md YES	□ NO □
	3. 1	NAME OF DECEASED	Fin	it	Middle		Last	4. DATE	Month	1	Day	Year
		(Type or print)	DUDLEY	7 5	FRANCIS		MARTIN	DEATH	January	10,		1960
3	S. S	EX	The second of th		ED NEVER MARRIED	□ 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	DER 24 HRS.
	1	Male	White	WIDOWE	D DIVORCED] NI	v. 22. 191	7	42 yrs.	Months [Days Hours	Min.
	10a	. USUAL OCCUPATION	ON (Give kind of work of	ione 10b. I	KIND OF BUSINESS OR IN		Y 11. BIRTHPLACE (State		76	12. CITIZ	EN OF WHA	T COUNTRY?
7	- 1		ng life, even if retired)	1/-	11 C	02.1	Daniel	213.	M 3-	1 770		
	-	sst. Fore	man		lly-Spring	le.	14. MOTHER'S MAIDEN N		Marylan	d US	Α	
1				Ti	re o.					1113		
	_	Armand Ma	ER IN U. S. ARMED FOI	CES2 114	SOCIAL SECURITY NO.	17 10	Nora Da	vidson		US	-	
		, no, or unknown)	(If yes, give war or dates of s	ervice)		.,,				ox 16		
	_	yes	WW 11			Mr	. Vera Mar	tin, M	t. Sava	ge, M	arylan	d
Ħ			TH [Enter only one cau	se per line	for (a), (b), and (c).]						ONSET AND D	veen Eath
		PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Coronary	Occ	lusion				Sudde	n
Н		420,1	DUE TO								100	
		Conditions, if a			Coronary	Scl	erosis with	thromb	osis. le	ft.		
		gove rise to imme (o), stating the										
		couse last.	(c).									
	Z	PART II. OTI	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	INALDISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY
2	ATIC	David De									YES V	ORMED?
	CERTIFICATION	20a. EXTERNAL CAPPRIMARY OF CO	USE WAS 20	b. DESCRIB	E HOW INJURY OCCURR	ED. (Er	ter nature of injury in Par	t I or Port II o	of item 18.)		75	
	CER	CAUSE OF DEATH.	NTRIBUTING []						SAME			
	ZAL	20c. TIME OF INJU	RY Month, Day, Yea	r 20d.	INJURY OCCURRED 200	- PLAC	E OF INJURY (Home, farm	n, 120f. (City	or tawn)	(Cour	nty)	(Stote)
	MEDICAL	Hour o. m.	19	While		facto	ry, street, office bldg., etc.	.)		Table 1		
	>	p. m.				-6-0	a hald an Autana	. (75) 1		1	<u>-</u>	f: 1 .1 .
							e, held an Autops				, and	find that
		death resulted	from: Natural	causes N	Accident [],	2010	ide 🔲, Homicide	e ∐, Un	determined o	ause [].		
		ACTUAL /	1 -	41	11	1,					DATE	SIGNED
		SIGNATURE	Quedici	X	Refarely	_/_	M.D. CHIEF MEDICAL EX		DR 25-			
2		EXAMINER'S _					ASSISTANT MEDIC					
		NAME (Type)	enedict Ski	tarel	lic, M D.		DEPUTY MEDICAL	EXAMINER T	Danua	ry 10	, 1960	
	220	BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREO	F	22c. NAME OF CEMETER	RYOR	CREMATORY	22d. LOCAT	ION (City, town,	or county)	(Sto	oto)
		Burial	1/13/60		Sunset Memo	ria	1 Park	Cumber	land, M.	aryla	nd	
	23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			D BY REGISTS	AR 24b. REGIS	TRAR'S SIG	NATURE	
		John J.	Hafer, Cum	berl	and, Maryla	and	DATEJA	IN 1 4 '6	0 0	Thun 8	4	Harry I
	-					-						

VS. A15ME(5) SM 9/55

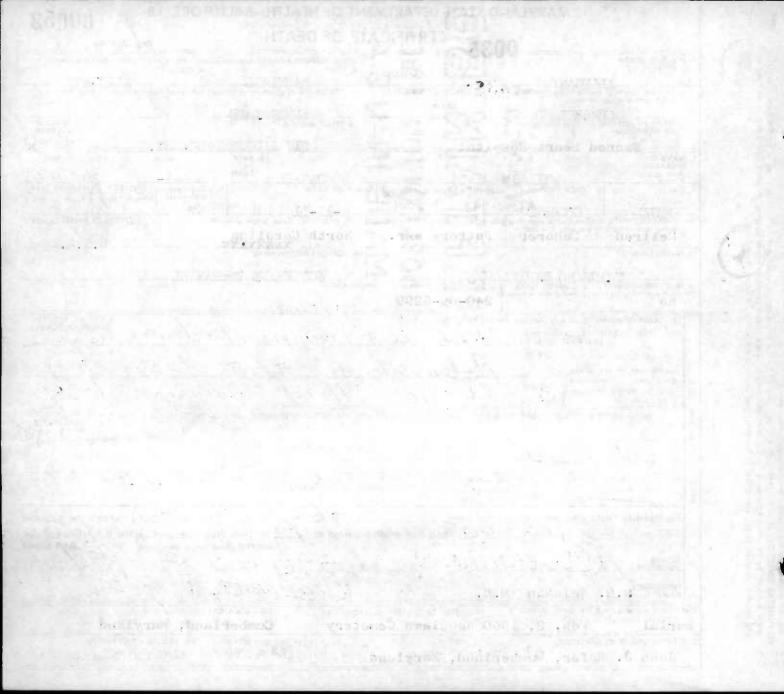
or removol.

How was the Management and the As a terms agent . The Signal Country of the co construction the fraction of the following the second states of the second states of the second seco brothers, brokensky - robel for and r death. Page 4

VS A1S (4) 1SM 9/SB

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CERTI	FICA.	TE OF	DEATH	

	OU.	35 CERTIFIC	AIL OI DEAI		Reg.	Dist. No		
1. PLACE OF DEATH a. COUNTY	I.EGANY	MARYLAND	2. USUAL RESIDENCE (W o. STATE	1	If institution: Resi county	AT.T.RG		ion)
b. CITY OR TOWN (If a RURAL and give near	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		nits, write RURAL a			1)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give stree		d. STREET ADDRESS		יורדי כייי			IDENCE FARM?
3. NAME OF DECEASED	d Heart Hosp	Middle	Last	4. DATE OF	Month	Do	y ,	Yeor
(Type or print)	S. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	MC#DANTEN. B. DATE OF BIRTH	DEATH	E (In years IF UN	DER 1 YEAR		19 60
MATE	COLORED WIDOW	VED DIVORCED	6-11-11	901 last	birthday) Mont	V	Hours	Min.
Oa. USUAL OCCUPATION during most of working Retired	(Give kind of work done 10b	. KIND OF BUSINESS OR INDI Pottery wkr.	North Car		12.	CITIZEN O	FWHATC	OUNTR
3. FATHER'S NAME		V	14. MOTHER'S MAIDEN	NAME		U.	S.A.	- 10
S. WAS DECEASED EVER I (Yes, no, or unknown)	yes, give war or dates of service)	240-09-6299	JOSEPH: INFORMANT PT'S CHART	INE ?McDA	Address			
PART I. DEATH	I [Enter only one cause per I I WAS CAUSED BY: MMEDIATE CAUSE (o)	line for (o), (b), and (c).]	+ ventro	dor Fa	elecro		ERVAL BE	
Conditions, if any gave rise to imm cause (o), stating the	, which) (b)	Herosil	Lostia H	ART Dog	DIS,	/	5-16	1
PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	IINAL DISEASE CON	DITION GIVEN IN	PART 1(a)	19. WAS PERFO	RMEDIP
200. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY MI	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Part II of	item 1B.)			1
20c. TIME OF INJURY Hour a. m.	While		LACE OF INJURY (Home, for actory, street, office bldg., et	m. 20f. (City or tov	vņ)	(County)		(Stote
21. I certify that	I attended the decea	sed fram	77		, 190 Ghat		/	
ACTUAL SIGNATURE	Owers	can that dear	M.D. 596	ADDRESS (Street, o		The date	,	E SIGNI
PHYSICIAN'S NAME (Type)S . G .	Weisman M.	D.	Curus	bellen	d	her	f	
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	The second secon	22c. NAME OF CEMETERY		22d. LOCATION (City, town or coun		(Stat	e)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATU		
John J. H	lafer, Cumber	land, Marylan	d DATE	יסט די ק	arthur &	. Though		



062

TO HOSPITAL

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 8 FilmG254 1-18-60 et 0026 CEPTIFICATE OF DEATH

		UUJ	CERTIFIC	AIE	OF DEATI			Reg. Dis	st. No.		Take "
	OF DEATH				SUAL RESIDENCE (W	here deceased		on: Residen	ce befo	re admiss	ion)
o. COL	Allegany		MARYLAND	1	Mar Mar	yland	b. COUNTY	Alle	gany	•	
	OR TOWN (If outside corporate limit AL and give nearest town)	ts, write	c. LENGTH OF STAY IN 1b	1	. CITY OR TOWN (IF	outside corpor	rote limits, write R	URAL ond g	give nec	rest town	1)
	Cumberland		9 days	10	2 Cumber	land					
OR	we of Hospital (If not in hospitol, g INSTITUTION Sacred Heart Hosp		oddress)	1	d. STREET ADDRESS Allega	nv Inn	. Balto.	Ave.			IDENCE FARM?
3. NAME	OF Fin		Middle		Last	4. DATE	Mon		Da		Year
(Type o	SED D	olly	Alice		McGirr	OF DEATH	1		13	,	1960
5. SEX			ED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years	IF UNDER			
F	emale White	WIDOWE	D DIVORCED		7-24-18/2	1871	lost birthdoy) 88 yrs.	Months	Days	Hours	Min.
10a. USU	AL OCCUPATION (Give kind of work	done 10b. I	CIND OF BUSINESS OR IND	JSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF	WHATC	OUNTRY
Reti	g most of working life, even if retired ted Seamstress	Ros	enbaum Bros.		Mary	land	Cumberl	and U	.S.A	1.	
3. FATHE	R'S NAME			14	MOTHER'S MAIDEN	NAME					
A	rthur McGirr										
15. WAS (DECEASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFOR	MANT		Add	ress		417	
			5-18-8271		Pt.'s char	t.					
	CAUSE OF DEATH [Enter only one co	use per lin	e for (o), (b), and (c).]						INTE	RVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	,	Cerebral Hemm	orh	200				ONS	9 da	
11	20.0 DUE TO		OCIONIAL IICIIII	Q L II	ugo					7 40	
1	ditions, if ony, which) (b	,	Arteriosclero	tic	Heart Die	0250				30 v	720
	e rise to immediate DUE TO		AT UST TOBOTION	<u> </u>	HOAL U DID	Cauc				JV y	
	g couse lost.	1	Generalized a	rte	rioscleros	is & a	rthritis				
Z O	PART II. OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1		AUTOPSY
CERTIFICATION OB OO OB OO	Advan	ced a	ge								NO I
20a.	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCURR	ED. (En	ter noture of injury in	Port I or Port	II of item 1B.)				
	THER, NOTIFY MEDICAL EXAMINER)		200	200							
WEDICAL 20c. I	IME OF INJURY Month, Doy, Yes		JURY OCCURRED 20e.	LACE (OF INJURY (Home, farr street, office bldg., etc	m, 20f. (City	or town)	(0	County)		(Stote
WED	Hour o. m. 19	While of work	TAOL MILLS		one)					
21.	certify that I attended the	decease	d framsentember			nuarv	11. 1960	that I la	st sav	the d	ecense
1 1	e on January 11		60_, and that deat								
		-	. \	ii acc	01100 0131323232		reet, city or town,		daic		E SIGNE
ACTU	ATURE amed 1.	Nou	ceinan MA	M.D.	The Bed	ford S	t.,Cumbe	hand	Ma	7/	170/6
		100	PART OF THE PART OF	_14.0.			u. Jumine.	Land	9-440		16/0
	ICIAN'S E (Type) James P.	Halla	nan M.D.								
220. BURI.	AL. CREMATION. 22b. DATE THEREC		22c. NAME OF CEMETERY	OR CRE	MATORY	22d. LOCAT	ION (City, town,	or county)		(Stot	e)
Buri	al (Specify) 1/14/60)	St. Patricks	Ca	th. Cemet		Cumberla		larv	land	1
23. FUNER	AL DIRECTOR'S SIGNATURE		ADDRESS			D BY REGIST		STRAR'S SIG			
Joh	n J. Hafer, Cumb	perla	nd, Maryland		DATERN	1 4 '60	0 -1	- 0 1			
		01 14	and J Latita		JAN TAN	1 4 60	O T	0 4			

sampalit drawl a crownlime language - same to the control of the control o And the second of the second s Charles of the state of the control Bander Committee of verteral and analysis in the Committee of the committee of design of Tarter, was been bond, word and a country of the second

the attending physician and campletely filled in by the funeral director. Then alease remove carban papers. Pages 1 and 2 should be filed with within 72 haurs after death After this certificate has been signed by permit. crematian, ar remaval, and

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha page 3 shauld be detached far use as the burial-transit may be retained by the TO FUNERAL DIRECTOR: TO HOSPITAL VS A1S (4) 1SM 9/S8

the registrar priar

			008	3 CERTIFICA	ATE OF DEA	ATH		Reg. Dist. No	
	PLACE OF DEATH	ALLEGANY		MARYLAND	2. USUAL RESIDENCE O. STATE MA	E (Where deceose RYLAND	ed lived. If instituti b. COUNTY		0 4 3777
	b. CITY OR TOWN (IF RURAL and give nec FROSTE	outside corporate limits grest tawn) BURG	s, write	LIFE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	d. NAME OF HOSPITA OR INSTITUTION MINERS	HOSPITA		ddress)	d. STREET ADDRE	ss CENT	er strei	e T	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First THO		Middle	McKERNAN	4. DATE OF DEATE	JANU		Yeor 19 60
5. 5	MALE	* ** * **	7. MARRIE	DIVORCED DIVORCED	8. DATE OF BIRTH	1902	9. AGE (In years lost birthdoy) 57 yrs.	Months Days	Hours Min.
13.	during most of working life, even if retired) ALLEGANY BALLIS MARYLAND U.S.A. 3. FATHER'S NAME THOMAS MCKERNAN 5. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO.] INFORMANT (16. no., or unknown) ALLEGANY BALLIS MARYLAND U.S.A. KATHERINE BRADY Address Address Address Address ADDRESS INFORMANT ADDRESS ADDRESS								
		TH [Enter only one court WAS CAUSED BY:	111		RS. FRANK	POWER	Parta		ERVAL BETWEEN SET AND DIATH
	Conditions, if on gove rise to im couse (a), stating t lying couse lost.	y, which he under DUE TO	Ma	lignant !	Hyport.	ence	'n	4	1-mo
CATION	, 10								
CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)								
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Yeo	while of work	Not while fo	ACE OF INJURY (Home ctory, street, office bldg		ty or town)	(County	(Stote
	21. I certify that I attended the deceased fram Seff , 1954, to find the property of the state o								

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

1-7-1960

ADDRESS

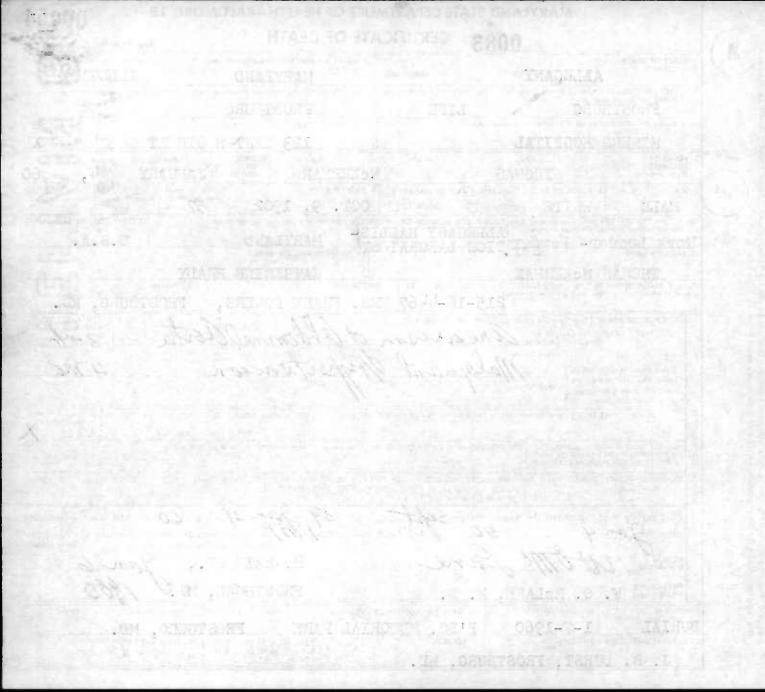
23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Cirthun S. Firacia

FROSTBURG.

DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 0037 CERTIFICATE OF DEATH

00055

		-					
1. PLACE OF DEATH o. COUNTY	LLEGANY	MARYLAND	a. STATE	ENCE (Where dece	ased lived. If in b. CO		e befare admission)
b. CITY OR TOWN (II RURAL and give ne CUMBERLA		c. LENGTH OF STAY IN 16 11 HRS.22 MIN		OWN (If outside co		rrite RURAL and gi	
d. NAME OF HOSPIT OR MEMORIA MEMORIA	TL"&"WARWYCK AV	esdress)	d. STREET A		STREET		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	OF		Manth	Day Year
(Type or print)	BABY	BOY (A)	MEADE			NUARY 29	
5. SEX	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH		9. AGE (In last birth		YEAR IF UNDER 24 H
MALE	COLORED WIDOW		JANUARY			yrs.	11 55
during most of work	ON (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDUS		BERLAND, I			S.A.
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
CARL 1		Charles Land		Y M. MEAL	DE		
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NEORMANT CUMBERLAN	D, MD.	MEMOF	Address RIAL HOSP	ITAL
PART I. DEAT 776 X Conditions, if or gove rise to in cause (o), stating lying cause lost.	mmediate (French	NOT RELATED TO	24 WH	EASE CONDITIO	ON GIVEN IN PART	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTH PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D. (Enter nature of	Finjury in Part I or	Part II of item 1	(B.)	PERFORMED? YES NO
	Y Month, Day, Year 20d. I While	for the	ACE OF INJURY (I	Home, farm, 20f. (City or Iown)	(Co	ounty) (Sta
saw the deceas 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	of (1) (this haspital) attended alive an			at 2:17 Pfro	om the cause	es and an the	
23o. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d, LC	CATION (City.	town, or county)	(Slote)
Burial		Allegany (and, Md	
24. FUNERAL DIRECTOR'S Byron K	S SIGNATURE	ADDRESS Land, Md.		25a. REC'D BY REC	GISTRAR 2Sb	REGISTRAR'S SIG	NATURE
	-0			DATFER 2	'60	Cirilma 8. 1	irall
12603	1910						

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	MEMORY BY GOOTH	Σ. =		07 210
* ^ *	A CONTRACTOR OF THE PARTY OF TH			
	JONEY M. WEYDE			
La contraction	estruiro, rei, inc			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

00056

	5.7.1	I III III										
1. PLACE OF DEATH a. COUNTY	LLEGANY		MARYL		a. STATE MA	RYLA		lived. If institut b. COUNTY				sian)
b. CITY OR TOWN RURAL and give r CUMBER		ts, write	c. LENGTH OF STAY II			WN (If au		ate limits, write l	RURAL and	d give ne	arest taw	n)
	AL HOSPITAL	K° A'VI	oddress)		d. STREET ADD		ILL ST	REET			ON	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	Fire BAB'		Middle GIRL	(B)	Last MEADE		4. DATE OF DEATH	JA NU		20		Year 1960
5. SEX FEMALE	6. COLOR OR RACE	7. MAR WIDOW	RIED NEVER MARRIED	er per	ANUARYXX	\$ 29	,1960	P. AGE (In years last birthday) yrs	Manths		Hours 10	24 HR
10a. USUAL OCCUPATI		dane 10b.	. KIND OF BUSINESS OR			RLAN	D, MD.		12.CI	U.S.		COUNTRY
13, PATHER S NAME	Carl M	eade			MARY M					113		
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of so	CES? 16.	NONE	1000	ORIAL HO	SPIT	AL	CUMBER	LAND,	MAF	RYLAI	ND
Canditians, if a gave rise ta cause (a), stating lying cause last	the under-)	P 1000 (300)									
CATIC			CONTRIBUTING TO DEA						VEN IN PA	ART 1(a)	PERF	AUTOPSY ORMED?
			INJURY OCCURRED 2	20e. PLAC	E OF INJURY (Ha	ıme, farm,	20f. (City			(Caunty)		(State
ZOc. TIME OF INJU Hour a.m. p. m.	19	While at wa	Nat while	tacta	ry, street, affice b	oldg., etc.)					
saw the deced	at (I) (this haspital		ded the deceased f					he causes a			e state	d abave
22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	DR. FULL	ER B	. WHITWORTH	2 M.	ATTENDING PHYS. 22d. ADDRESS		D. RECTOR	STAFF PHYS.			7.	2b. DATE SIGNE
23a. BURIAL, CREMATI REMOVAL (Specify BURIAL)			23c. NAME OF CEME Allegany	-				ON (City, town,			(Sto	ite)
24, FUNERAL DIRECTOR Byron		(Cumberland	, M		Sa. REC'E	BY REGISTR		ISTRAR'S			

0 de 0 h CHARLES CONTROL CONTRO THE HILL STREET OF . 01 . 01 . 10. 10. GOAZE MEYSAM GOLDSHAM TOPALAZEANO STATISCOB DALSC SAL LIGOT THE REPORT OF THE PROPERTY OF THE PARTY OF T restance was six tool, some restance And the Property of the Parket N

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 H

039	CERTIFICATE	OF	DEAT
7000	CERTIFICATE	U .	PEMI

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U	U	U	U		

	VU	39 CERTIFICA	AIL OI D	LAIII	Reg.	Dist. No.					
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	o. STATE	NCE (Where deceosed ryland	lived. If institution: Resi b. COUNTY	idence before admission)					
	N (If outside corporate limits, wri	ite c. LENGTH OF STAY IN 16	1		ote limits, write RURAL o						
	e nearest town)	2 years	02 Cm	mberland							
d. NAME OF HO	SPITAL (If not in hospital, give st		d. STREET AD			e. IS RESIDENCE					
OR INSTITUTION	822 Columbia	a Svenue	822 C	olumbia A	venue	ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print)	GLENNIE First	Middle LEONA M	Lost IECUSKER	4. DATE OF DEATH	Month	Day Year					
5. SEX			B. DATE OF BIRTH		9. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.					
Female			Nov. 11.	1876	lost birthday) Montl						
10a. USUAL OCCUP	ATION (Give kind of work done working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State or foreign co	untry) 12.	CITIZEN OF WHAT COUNTRY?					
Housew		Own Home	Pleas	antville.	Penn.	USA					
13. FATHER'S NAME			14. MOTHER'S A		- Cimi	ODM .					
	W. Pope			e Brinker							
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FORCES? L (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. I	INFORMANT	822	2 Columbra	Avenue					
no		none Lo	uise Bri	gham Cun	mberland. M	Maryland					
PART I.	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) What is a selectable Dankia Uxosus ONSET AND DEATH ONSET AND DEATH										
Conditions,	DUE TO	disease				Ass.					
gove rise to	immediate (00	0								
lying couse lo	ing the under-	Leveralo	ared a	legion	selens	الم					
N N N N N N N N N N N N N N N N N N N		NS CONTRIBUTING TO DEATH BUT	LNOT RELATED TO 1	HE TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO					
	WAS UNDERLYING 20b. ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in Port I or Port	II of item 18.)						
20c. TIME OF IN Hour o. p.	m. W		ACE OF INJURY (Hectory, street, office I		or town)	(County) (State)					
	that I attended the dec		1 , 1940.	to 1		I last saw the deceased					
alive an	1 6-1	2 and that death	accurred at 1			n the date stated above.					
ACTUAL SIGNATURE	MXn	Miliama	M.D. 122 S		set, city or town, stole) St., Cumbe	PATE SIGNED erland, Md					
PHYSICIAN'S NAME (Type)	W. F. Williams	s M.D.	122 S	o Centre	St., Cumbe	nland Md					
	TION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			ION (City, town, or count						
REMOVAL (Spec	ify)					,,					
Burial 23. FUNERAL DIRECT	1/12/60	Pine Grove C		Corry	Pennsylva	nia					
AS. FUNERAL DIRECT	OK 3 SIGNATURE	WDDKE22		24a. REC'D BY REGISTR		SIGNATURE					
John J.	Hafer, Cumber	rland, Maryland	1	DATE IAN 1 4 '60) arthur	2 4					

may be retain y the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be-filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau TO HOSPITAL O

VS A1S (4) 1SM 9/5S

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		drugs, in the Commence

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FOR STATE HEALTH DEPT.

essary, please rector. Page Page TO DEPUTY KECAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay the storry, please execute the ficate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral ector. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filler.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Haplin, ar its designated agent, priar to burial, cremation, ar removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00058

										Reg. D	IST. NO		
1. PLACE OF DEATH 0. COUNTY	ALLEGANY	U	084	MARY	LAND	2. USUAL R o. STATE			sed lived. If institu b. COUNT				ission)
and give negrest t	I III outside corperate limits, write	RURAL	c. LENGT	H OF STAY	3	c. CITY C		TBUR	porote limits, write	RURAL and	give n	eorest la	wn)
	PITAL OR INSTITUTION (I		pital, give	street addres	s)	d. STREET	ADDRESS 113	WALNU	JT ST.			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	CLAREN		M	Middle ILTON		MIL	LER	4. DATE OF DEATH	JANUARY		6°,		9 6.0.
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIE		PER MARRIED	-	DATE OF BIR		96	9. AGE (In years last birthday) 63 yrs.	IF UNDER		IF UND Hours	ER 24 HRS. Min.
during most of war	ATION (Give kind of work of king life, even if retired) MOTORMAN			COAL			MARY L		country)			· A ·	COUNTRY
13. FATHER'S NAME						14. MOTHER	S MAIDEN N	NAME					
THOM		ER				SU	BAN V	. STE	EPHENS				
15. WAS DECEASED (Yes, no, or unknown) YES	EVER IN U. S. ARMED FOI		NONE	CURITY NO.	MRS	ORMANT EL	SIE W	ILLIA	Address AMS, FRO	STBU	RG,	MD	•
PART I. D	EATH [Enter only one cou EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line	for to the	Vic	o.	ris	1				INTER QNSE	VAL BETWEEN AND DEA	HEN AJH
Canditions, if gave rise to implement (a), stating the couse lost.	any, which (b)										4	'ea	N)
PART II. (OTHER SIGNIFICANT CON	OITIONS CO	ONTRIBUTIN	IG TO DEATH	1 BUT NO	T RELATED T	O THE TERMI	INAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(o) 15		AUTOPSY PRMED?
	CONTRIBUTING	o. DESCRIBI	E HOW INJ	URY OCCUR	RED. (En	er nature of	injury in Par	t I ar Part II	of item 18.)				
20c. TIME OF IN	m,	While	INJURY OC	while	De. PLACE factor	OF INJURY y, street, offi	(Home, farm ce bldg., etc.	20f. (City	y or town)	(Cou	inty)		(State)
ACTUAL SIGNATURE	that I took charge th resulted from: N W. O. Mc	e L	ar], Accid	ient [M.D. CHIEF		Hamicide (AMINER AL EXAMINE	Undete		nanne		d in my
220. BURIAL, CREMA REMOVAL (Spec BURIAI	TION, 22b. DATE THEREO	F		OF CEMETE		_		22d. LOCA	TION (City, 10Wn, 4) FROSTBUF		D.	(State	e)
23. FUNERAL DIRECT		90	ADDR		VILL 2	12 2 22	1	D BY REGIST		The second second		E	
J. R.	DURST, FR	OSTB	URG.	MD.			DATE ER	N 1 1 16	0 0	11 0	4		

MEDIOAL EXAMINER'S CERTIFICATE OF DEATH The month of the state of the s

VS A15 (4)

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08059

CERTIFICATE OF DEATH 0040 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) DAYS CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 420 FAYETTE STREET MEMORIAL HOSPITAL, MEMORIAL AVENUE YES NO TX First Middle 4. DATE Lost Month Day Year JOSEPH DEATH Monroe MILLER JANUARY 19 1960 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days DIVORCED | WIDOWED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. DIVISION SUPERINTENDENT W. MD. R. R. CO. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HIRAM MILLER JESSIE, WILLHIDE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address MEMORIAL HOSPITAL, CUMBERLAND, MD. 705-10-7242 18. CAUSE OF DEATH [Enter only one cause per line for to), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) While Not while of work of work p. m 19 what I last saw the deceased

21. I certify that I attended the deceased from and that death occurred at 3:18 AM from the causes and an the date stated above.

ADDRESS (Street, city or town, stote)

Cumberland.

122 So. Centre St. Cumberland, Maryland

DATE SIGNED

W. E. WILLIAMS.

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Hillcrest Burial Park

24g, REC'D BY REGISTRAR

Maryland 24b. REGISTRAR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

DATE JAN 21 '60

arthur & Hand

нахвано зразвиная право . -

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		k.	27HW	EJAN				
7.4	(* A,25 9A	.02 .9 . R Qc . W	TROUNTLEBRUE	Poletrio				
			53.1111 MARIE					
JOHN COLLEGE	OFIAE HOSPITAL, DESC	241 gigt-01-tot						
	La restrial-ze	Service Art D						
	- ST- NA SLEE	4 3 30	-195					
	a Carre Lorda	Tell and of	Chex of					
April Toller	12 w. Line . on SSL	.21141.	101K .7 .W .90					

Smrin) A. 1.27, 1960 millorent Enrich Park Camberland, warwinst

er death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0	041	CERTIFICATE	OF	DEATH
и	1141	CERTIFICATE	OI	DEATH

00060 Reg. Dist. No.

ī	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (W	here decease			befare admiss	ion)
1	Alleg	any		MARYLA	ND	o. STATE West	Virgin	ia b. COUNTY	Miner	al	V.
	b. CITY OR TOWN (If RURAL and give nec	autside carparate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	autside carpo	orate limits, write F	RURAL and gi	ve nearest town	1)
		erland		25 Da	ys	Rt. #	11	Ridgel	ev	85X	-3
	d. NAME OF HOSPITA	AL (If nat in haspital, g	ive street	address)		d. STREET ADDRESS				e. IS RES	IDENCE
1	Sacr	ed Heart H	ospi	tal		Knobley	Mt. (Locati	on)		FARM?
3	NAME OF DECEASED (Type or print)	Georg		David	N	Miltenberger	4. DATE OF DEATH	Jan	nth •	70	Year 19 60
5	. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last reinthday)		YEAR IF UNDE	
	Male	White	WIDOWI	ED DIVORCED		Dec. 28, 18	174	85 yrs.	Months [Days Hours	Min.
1	00. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	STRY 11. BIRTHPLACE (State	e ar foreign o	country)	12. CITIZ	EN OF WHAT C	OUNTRY?
	Retired 1	ng life, even if refired armer	Fa	rm owner		Adams . Ce	. Pei	nna.	U.	S. A.	
-1-	3. FATHER'S NAME					14. MOTHER'S MAIDEN					
	Joh	n Miltenbe	rger	'decsa. i)		Doroth	y Le	ffelman			
1	5. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	- 11	NFORMANT		Add	ress	W	. Va
	No ,	f yes, give wor or dates of s	ervice)		Mr.	. John Milt	enber	rger Rt.	# 1	Ridge	ley,
			use per li	ne far (a), (b), and (c).]						INTERVAL 8E	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	Cere	bral Atteri	osc	lerosis with	possi	ble smal	1	2 mont	
	1334V	DUE TO		CVA termin				STATE OF			
1	Canditians, if an	v. which) "	Gana			osclerosis a	nd Myo	cardial			
	gave rise to im	mediate (insufficie			14 11,10	our drur		2 monts	he
ı	lying cause last.	ne <u>under-</u>		THOUTT TOTAL	iicy					2 110110	110
1		ER SIGNIFICANT CON	-	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19. WAS	AUTOPSY
1	Pneumoni			le lobe, re	_					PERFO	RMED?
1	20g. ACCIDENT WAS	, -				D. (Enter nature of injury in	Part Lar Pa	rt II of item 18.)	_	YES NO 🔼	
10141		CAUSE OF DEATH	200, 023	CKIBE TIOTA INCOMPOSE	OKNE	o, (Emer noise of injery in	101710110				
	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED 26		ACE OF INJURY (Hame, fare		y or town)	(Co	ounty)	(State)
140100	Hour a.m.	19	While at war	Not while	100	ctary, street, affice bldg., et	C.)				
		at I attended the	deceas	ed from Novemb	ar	20, 1959 , to J	anua m	12 160	that I las	4 anus 4ha d	
	alive an Jan					accurred all:55					
	alive an	nary Tean	180	o, and that a	earn	accurred different	TIME LANGE OF THE REAL PROPERTY.	the causes ar itreet, city or town,			E SIGNED
	ACTUAL	10	Th			A T or on were			sidiaj		7060
	SIGNATURE	Now of St.	W	one in		M.D. Algonqui	in Hot	ет		Jan 13	1700
	PHYSICIAN'S NAME (Type)	Wyard F. D	oerne	r, Jr., M.D	•	Cumberl	and, M	aryland.			
2	2a. BURIAL, CREMATION			22c. NAME OF CEMETE		R CREMATORY	22d. LOCA	TION (City, tawn,	ar county)	(Stat	e)
	Burial (Specify)	1/15/60)	SS. Pete	r	& Paul's	Cum	berland	. Mar	yland	
2	3. FUNERAL DIRECTOR'S			ADDRESS		24a. REC	D BY REGIS		STRAR'S SIG	NATURE,	
	H. Wayne	George	Cum	berland, M	ar	yland DATE J	AN 18'	00	ribuil S.	/ UZDAVAL	



VS A15 (4) 15M 9/58

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CERTIFICATE OF DEATH

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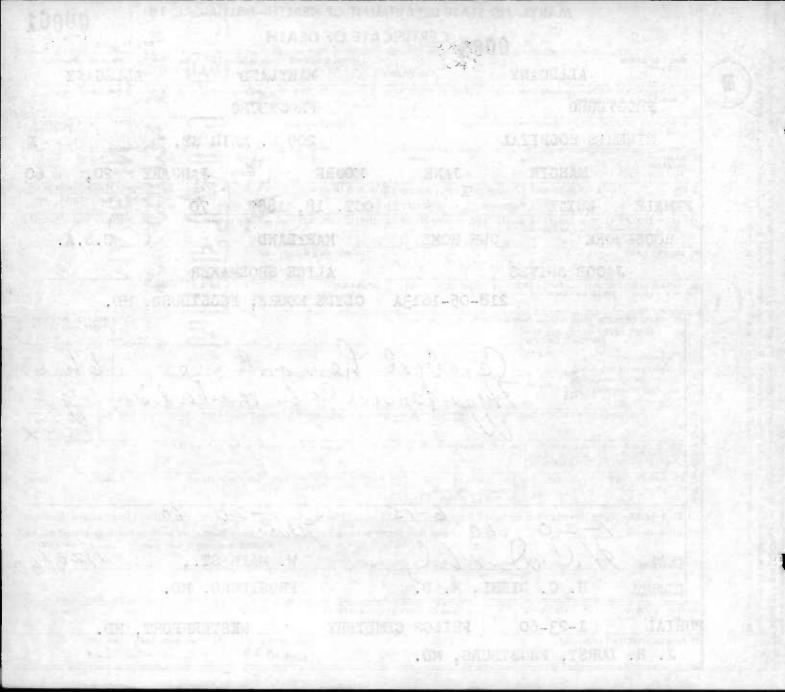
	0.0	25 CERTIFIC	ATE OF DEA	AIII		Reg. Dist. No)
1. PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE O. STATE MA F	E (Where deceased I	ived. If institution b. COUNTY	ALLEG	
b. CITY OR TOWN RURAL And give	1 (If outside corporate limits, write TBURG	c. LENGTH OF STAY IN 1b		1 (If outside corpora OS TBURG	te limits, write R	URAL and give ne	earest town)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in haspital, give street of R'S HOSPITAL	address)	d. STREET ADDRE	9 W. MAI	N ST.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MARGIE First	JANE	MOORE	4. DATE OF DEATH	JANUA		
5. SEX FEMALE	6. COLOR OR RACE 7. MARR WHITE WIDOWE	D DIVORCED	B. DATE OF BIRTH OCT. 18,	1889	AGE (In years last birthday) 70 yrs.	Months Days	Haurs Min.
HOUSEV	TION (Give kind of work done rarking life, even if retired)	KIND OF BUSINESS OR INDU	MARY	DAND	ntry)		S.A.
13. FATHER'S NAME	JACOB SHIVES		ALIC	E SHOEMA	KER		
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16.	8-05-1613A	INFORMANT		OSTBUR		
	DEATH [Enter only one couse per line DEATH WAS CAUSED BY:	e for (o), (b), ond (c).]				INT	ERVAL BETWEEN
Conditions, if gove rise to couse (o), statir lying couse lo:	immediate and the property of	2 elval 1 bentons Olyributing to death Bu	The Cara	ro- Vasi TERMINAL DISEASE	CONDITION GIV	ASLACE (EN IN PART 1(0)	5 Grs 19. W/S AUTOPSY DERFORMED?
PART II. C	WAS UNDERLYING 20b. DESC NG CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of inju	ry in Port I or Part I	l of item 1B.)		YES NO
20c. TIME OF INJ Hour o. n	n. While	_ Not while _ fo	LACE OF INJURY (Home actory, street, office bldg	, farm, 20f. (City a	r tawn)	(Caunty)) (State
alive on	that I attended the decease	eal,	.m.v.	MAIN	ne causes an et, city or town, ST.,	d on the date	w the decease e stated above // DATE SIGNE
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT	H. C. DIEH	22c. NAME OF CEMETERY		FROSTBUR	G, MD.	or county)	(Stote)
BURTAL (Speci			METERY		TERNPO	**	(51010)
J. R.	DURST. FROSTBI	ADDRESS URG. MD.	24a.	REC'D BY REGISTRA	AR 24b. REGIS	STRAR'S SIGNATU	

death. Page 4

moy be retained by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours the registrar prior to burial, cremation, ar removal, ond in any event within 72 haurs after death.

TO HOSPITAL 9 VS A15 (4) 1SM 9/SB



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VS A1S (4) 15M 9/5B

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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0042 CERTIFICATE OF DEATH

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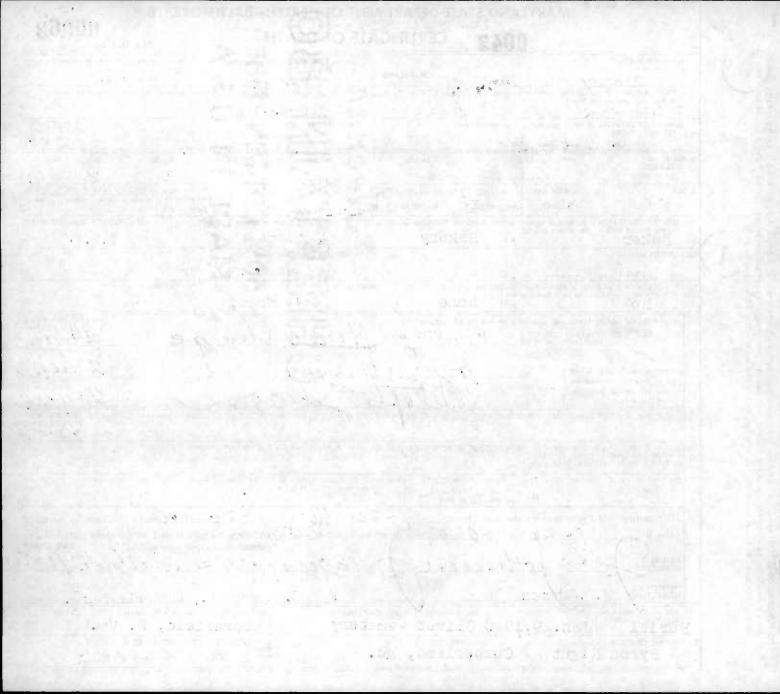
	0	IG		Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WE O. STATE Mary]	here deceased lived. If institution: Resi Land b. COUNTY A	idence before admission) llegany
RURAL and give		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	autside corporate limits, write RURAL a	and give nearest town)
d. NAME OF HOSP OR INSTITUTION Allegai	erial (If not in hospitol, give strain of County In	eet oddress)	/ d. STREET ADDRESS	rostburg. Maryl	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	First Lucy	Matilda	Lost Morgan	4. DATE Month OF DEATH January	26, 1960
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH 1/18/1879	9. AGE (In years IF UNI	DER TYEAR IF UNDER 24 HRS
Fomale 10a. USUAL OCCUPAT during most of wa Housewif	ION (Give kind of work done I	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country) 12. Maryland	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Tames Carter (ER IN U. S. ARMED FORCES? (It yes, give war or dates of service)		NFORMANT P.O.B	<pre>0 Porter ox 599, Address (nty Infirmary F</pre>	Cumberland, M
592 Conditions, if gove rise to couse (a), stoting lying couse lost	immediate DUE TO	General Chronic	Artern nephri	Esclerosio tes	ONSET AND DEATH
PART II. OT 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	THER SIGNIFICANT CONDITION	Defer s	real to the term	INAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTION	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.)	
20c. TIME OF INJU Hour a. m. p. m.	10 WI		ACE OF INJURY (Home, form ctary, street, office bldg., etc		(County) (State
alive an 1	hat I attended the deco /23/60		м.b. 49 Gre	/26/60 , 19 , that I BM, from the causes and an ADDRESS (Street, city or town, stote) ene Street land, Maryland	the date stated above DATE SIGNER
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, or coun	ity) (State)
Burial	1/29/60	Eckhart Cer	metery	Eckhart	Md.
Eeuley H. N	Kritecon 23 E.	Funeral Home Main, Frostb	urg. Md. DATEE	D BY REGISTRAR 24b. REGISTRAR'S	S SIGNATURE

		• m.	
Allegany	hos Frend G	uma je	uage IA
	Eckinste	2/11/s	in the street
OK Dand	S.D. S. Marshard Care	yeser. See	Allenany County
	Mongan January	avficeM	20°
	1/18/13/9		edille Giomét
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VS A1S (4) 15M 9/58

r death. Page 4

1	MARYLANG 004	STATE DEPARTM Item 9 FilmG2 3 CERTIFICA	ENT OF HEAD 55 2-3-60 ATE OF DEA	et	ORE, 1		0062),
1.	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased lived	l. If institution b. COUNTY	n: Residence befor Allegany	e admission)	
r	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)		c. CITY OR JOWN	(If outside corporote li	mits, write RL		rest town)	
	d. NAME OF HOSPITAL (If not in hospitat, give street or institution Sacred Heart Hospital	6 days	/ d. STREET ADDRES		Ić a		e. IS RESIDEN ON A FAR YES NO	
3.	NAME OF First DECEASED (Type or print)	Middle	Last	4. DATE OF DEATH	Mant	h Day		60
5.	SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AC	E (In years the hold y) yrs.	IF UNDER 1 YEAR Manths Doys	IF UNDER 24	w W
L	a. USUAL OCCUPATION (Give kind of work done 101 during most of working life, even if retired) Baker	Bakery	STRY 11. BIRTHPLACE (S Maryl)	12.CITIZEN OF		ITRY?
13	FATHER'S NAME William Mower		14. MOTHER'S MAIDI	a Brant M	wer			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 1(Bs. no, or unknown) (If yes, give wor or dates of service)	s. social security no. None	NFORMANT Pt 's	chart,	Addr	ess		
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b) fond (c).]	Hereso	rho	9-e	INTE	RVAL SETWE	EN TH
	Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying couse lost.	Hyles	nesson Dele	rool		2	weel dure	2
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CON	IDITION GIV	EN IN PART 1(o) 1	9. WAS AUTO	D?
		SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	r in Port I or Port II af	item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 Whit at w.	e Not while fo	ACE OF INJURY (Hame, ctory, street, office bldg.		wn)	(County)	(:	State
	21. I certify that I attended the decedalive an Johnson ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) J.T. Johnson		267, 1960, ta accurred at 12: M.D/6 GULS		causes and	ellas		ove
27	o. Burial, Cremation, 226. Date thereof Burial Jan. 29, 196	Olivet Cem	R CREMATORY	Mooref	(City, town, o	r caunty)	(State)	
23	FUNERAL DIRECTOR'S SIGNATURE Byron Kight Cu	mberland, Md	24a. DATE	FEB 1 '60		TRAR'S SIGNATUR		



TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

060

	00	11				
a. COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDENCE	(Where deceased lived. I	f institution: Residence b	pefare admission)
		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carporate limit		nearest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, give street		d. STREET ADDRES	SS		e. IS RESIDENCE ON A FARM?
MEMORIAL	HOSPITAL-MEMO	RIAL AVENUE	38 RACE	STREET		YES NO X
B. NAME OF DECEASED (Type or print)	First EVELYN	Dameron	NUSE.	4. DATE OF DEATH	JANUARY	Doy Year 19 19 60
FEMALE		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH SEPTEMBER	9. AGE last b	(In years IF UNDER 1 YE Manths Day	EAR IF UNDER 24 HRS. ys Haurs Min.
during mast af warl	king life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	state ar fareign cauntry)		OF WHAT COUNTRY?
Sales la 3. FATHER'S NAME	dy	Cosmetics	14. MOTHER'S MAID	SBURG, W. VA	. U.	S.A.
	OWARD STAPLES			CE COUCHMAN		
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 1 (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17. II	NFORMANT	PITAL, CUMBE	Address RIAND MD	
No.		13-40-4071	2.10.11.12 1100	1177129 001102	nemo, ret	
	ATH [Enter only one cause per ATH WAS CAUSED BY:	line for (a), (b), and (c).]	2080	or o		NTERVAL BETWEEN
11001	DUE TO	nuero.	XI MET TO	un con	The	TEAT WE
Canditians, if a		basky	lor de	seese	4	y and Es
gave rise to i cause (a), stating lying cause last.	mmediate (6-15-59
PART II. OTH		S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CONDI	TION GIVEN IN PART 1(d	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DI	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injur	y in Part I ar Part II af ite	m 18.)	
20c. TIME OF INJUR Haur a. m. p. m.	Whi	f	ACE OF INJURY (Home, ctary, street, affice bldg.		(Caur	nty) (Stote)
21. I certify that sow the decease	10 1	nded the deceased from	6:15: death accurred a2	19.59, to 1.	6	that (I) (we) lost ote stated above.
22a. SIGNATURE	R. M.	ilians	ATTENDING 1	MED. STAFF		22b.DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	DR. W. F. W	IILLIAMS.	22d. ADDRESS	nberlan	1 pul	
30. BURIAL, CREMATIO		23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (Cit	y, tawn, ar caunty)	(State)
Burial (Specify)	1/21/60	Rose Hill	Cemetery	Cumberl	and, Mary	land
4. FUNERAL DIRECTOR		ADDRESS		REC'D BY REGISTRAR 2	Sb. REGISTRAR'S SIGNA	
H. Wayn	e George Ci	umberland, Md	DATE	MAN 25'60	arthur S. He	aud

TO HOSPITAL VR A1S (4) 1SM 9/59

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DR. DI. F. MILLING.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTICICATE OF DEATH

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U	V	U	V	T

010		L OI DL	Reg. D	st. No.
1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DECEAS	ED
COUNTY Allegany	MARYLAND	STATE Md.	COUNTY A11	agany
CITY (If outside corporate limits, write RURAL OR end give neerest town)	(in this place)	CITY (It outside cos	porate limits, write RURAL and give	nearest town
TOWN McCoole		× TOWN MeCo		
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give location	n)
STREET ADDRESS Home		N.J	Jain	
3. NAME OF (First) (A	Aiddla)	(Last)	4. DATE (Month)	(Dey) (Year)
		Patchett	DEATH Jan.	22, 1960
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV (Specify) WI	DRCED,	E OF BIRTH	Month	DER 1 YEAR IF UNDER 24 HRS Hours Min.
	domed No.	23,1874	05 yrs. 2	
done during most of working life, evan if OR	OF BUSINESS	11. BIRTHPLACE (State or fo	raign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Business Man		Hessenville	Pa	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
Arthur Patchett		Alice Mac		7-1
	SOCIAL SECURITY NO.	17. INFORMANT 8	ADDRESS	300
(Yes, no, or unk.) (If Yas, give was or dalas of servica) 2	34-26-9841	Allen H	Patchett McCoo	le.Md. (Son)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL C	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
177 × IMMEDIATE CAUSE (A)	1275.11	nia		1 Lucek
ANTECEDENT CAUSE(S) DUE TO	1 . 1 .	111		A 81.
DISEASES OR CONDITIONS, IF ANY, (B)	phn+1.5-	- pytetitts	V	3-4467-
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	f.fA	I tem	111	. 0
(C) (C)	THERE S AGO	moull de	rr	- 1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	are inion	na of Fre	full	5 yelles
190. DATE OF OPERATION 19b. MAJOR FINDINGS C	OF OPERATION			YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCC	CUR? (City or town) (C	ounty) (Steta)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21s. While	INJURY OCCURRED	21f. HOW DID INJURY OCC	CUR?	
M. al wo				
22. I hereby certify that I attended the decease	sed from	, 19.46, to	Jun 22, 1960, that	I last saw the deceased
alive on, 19.60, and	that death occurred			ated above.
SIGNATURE ON LA	12		DRESS (Streat, city, town, stete)	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF	M.D.	Keyser W Va	LOCATION (City, town, or cou	nty) (Steta)
REMOVAL (SPECIFY)	TAME OF CEMETER!	OK CKEMATOK!	LOCATION (City, town, or cou	my, (Siera)

Walden

ADDRESS

Cerpan Tella

Valley Com Wa

1-25-60

within 72 hours after death. After this fineral director, the third copy of this INSTRUCTIONS

law requires that the death certificate be executed within 24 hours after death. by siles for the .5 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

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certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for the completely filled A15C 1-55 10M X

BUTION BY REGISTRAR

24.

DATE

CERTIFICATE OF DEATH

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		ais N. N.				estor.	
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	2	25	1785,8874	ro. Sewobl.		evil.	e.f.s.l.
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	3.0	Co. Co.	11100			Fatenstt	536357

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.AV. . Teare.

.Melletll Velley Diviley

Welten , N.Y.

Alien Paterett, concie, r.

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0045 CERTIFICATE OF DEATH

00065 Reg. Dist. No

_					nog. z	
1.	PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WO. STATE MARYLAND		f institution: Residence COUNTY ALLEGANY	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMBERLAND,	c. LENGTH OF STAY IN 16 69 DAYS	c. CITY OR TOWN (IF		s, write RURAL and giv	e nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MEMORIAL HOSPITAL, CUMBER		/d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) MRS.	ELMIRA PHIL	LIPS	4. DATE OF DEATH	Month JANUARY	Day Year 24 19 60
S.	FEMALE 6. COLOR OR RACE 7. MAR WIDOW	RIE NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE last b	41 1	YEAR IF UNDER 24 HRS
		kind of Business or Indu wn housework	BARTON,	MD.	U.S.	A .
	FATHER'S NAME ILLIAM NEAT		LOUISE DU			
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		NFORMANT NEMORIAL HOSP		Address ERLAND, MD.	
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse last.	achesoalus.	as day Miss	wih		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS			NNAL DISEASE CONDI	TION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of ite	m 18.)	TISSE NO Z
MEDICAL	Haur a. m. While	- 1	ACE OF INJURY (Home, farr ctory, street, office bldg., etc) (Con	unty) (State)
	21. I certify that I attended the decea alive an	leare the	noccurred a 5:23 P M.D. 133 1/14 get Cerrolis		uses and an the	saw the deceased date stated above DATE SIGNED
22	burial, Cremation, REMOVAL (Specify) Burial 1-27-60	22c. NAME OF CEMETERY OF F bg . Memor:	ial Park	22d. LOCATION (Cir Frostb		(State) Md.
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS rostburg. Md	24a. REC	D BY REGISTRAR AN 2 8 '60	246. REGISTRAR'S SIGN	

BY ARCHES TO BUSINESS BEECK THAT SALE 34-1-1 GIAJRES AS MENGRANE HOOPHING, CUMBERLAND, AD. vec. Elwini families .com TIME I JIME BARTON, MY Longary to the Line of the second N N I TO THE The same, while Corpora, the Lan Marin a Litter liver I. Le late villate Marca Rose They as 233 letyon - here MARKET DR. C.O. SHOPELINGER equations | Letter the telephone of the Control of the Lord H. Drutt, Trostouts, Mr.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

death. Page 4

TO FÜNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, whim 72 hours ofter death. 060 by the hospital or ottending physicion.

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour moy be retain TO HOSPITAL

VR A15 (4) 15M 9/59

PLACE OF DEATH O. COUNTY ALLEGANY b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town) CUMBER LAND d. NAME OF HOSPITAL (If not in hospital.	nits write of LEN	MARYLAND	2. USUAL RESIDENCE (Where deceased		on: Residence	e before	admission)
RURAL ond give neorest town) CUMBER LAND	nits write c IFN		MARYL	AND	b. COUNTY	ALLE	GANY	
d NAME OF HOSPITAL (If not in hospital	3	DAYS	c. CITY OR TOWN (I		ote limits, write RI	URAL and g	jive neare	st town)
OR INSTITUTION MEMORIAL H	OSPITAL		d. STREET ADDRESS					IS RESIDENCE ON A FARM? YES NO
NAME OF PECEASED (Type or print)	LEWIS	Middle HENRY	PIPER	4. DATE OF DEATH	JA NU		Day 28	Year 19 60
SEX 6. COLOR OR RACE WHITE	7. MARRIED X	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	1905	9. AGE (In years lost birthdoy) 54 yrs.	IF UNDER	-	Hours Min.
Oo. USUAL OCCUPATION (Give kind of work during most of working life, even if retire	d)	ng & Gen.		www. MD.	untry)		S.A	VHAT COUNTRY
3. FATHER'S NAME MICHAEL PIPER	Lab	or	14. MOTHER'S MAIDEN		HAMILTON			
5. WAS DECEASED EVER IN U. S. ARMED FO Yes, no, or unknown) (If yes, give wor or dates of		SECURITY NO. 17. II	MEMORIAL HO	SPITAL,	CUMBE		, MAI	RYLAND.
gove rise to immediate couse (a), stating the under-lying couse lost.	(c) (d)	govara govern	tilis à o	osis	nfens	St. E	7	and DEATH
PART II. OTHER SIGNIFICANT CO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE H		O. (Enter noture of injury			'EN IN PART		WAS AUTOPS' PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Y Hour o. m. p. m. 19	eor 20d. INJURY (ACE OF INJURY (Home, fo		or town)	(C	County)	(Stote
21. I certify that (I) (this haspite saw the deceased alive an Jacob SIGNATURE	al) attended the		death accurred ato		the causes and			
DR. CLAY 3a. BURIAL, CREMATION, 23b. DATE THERE		NAME OF CEMETERY C	234 VA.	23d. LOCAT	ION (City, town,		chi	(Stote)
Burial (Specify) 1/31/60	A	Bethel Co	25a. RE	Chane		Pen STRAR'S SIC	SNATURE	vania

		20052) 31	00	
75(203).14	G. CLASIM		The Thirt	111
	W/01/02C	3.00 S		
	1000		10.1	
	L. done, 'S #1991		2009	THE REAL PROPERTY.
• • •	ANOTHER			
NOTE INM			13119 JW	
	MARKET CONTRACTOR			
E medical Control		- A5-97 - 12-0		
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TO HOSPITAL

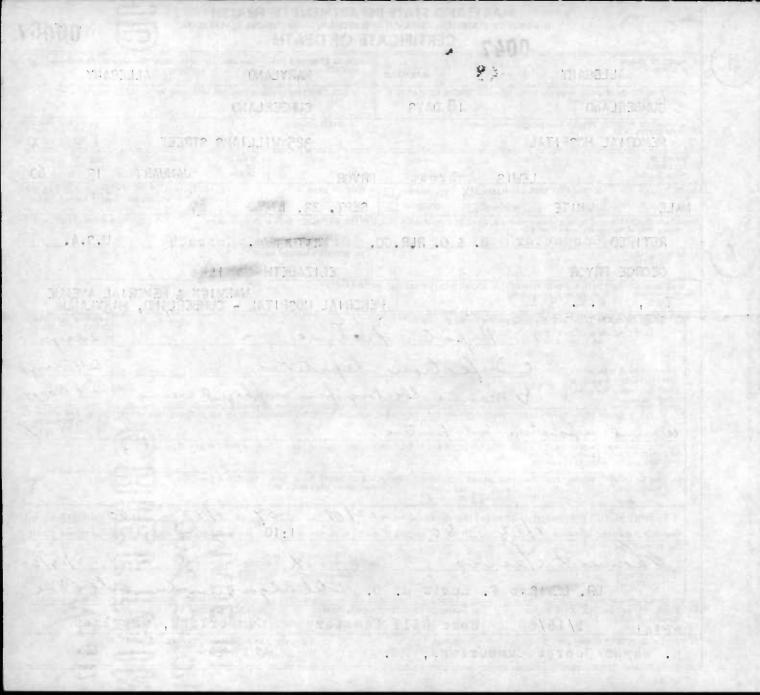
VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

00067

1. PLACE OF DEATH O. COUNTY ALLEG	ANY	MARYLANI	- CTATE	NCE (Where deceas ARYLAND	ed lived. If institution b. COUNTY	on: Residence bef ALLEGAI	
b. CITY OR TOWN (If outside RUPAL OF TOWN COMBER CAND	de corporote limits, write own)	c. LENGTH OF STAY IN 11		WN (If outside corp	orote limils, write R	URAL ond give no	earest tawn)
d. NAME OF HOSPITAL (IF OR INSTITUTION MEMORIAL H		et address)	d. STREET ADD		MS STREET	•	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATI	Mon JANU		Nay Yeor 19 60
	DLOR OR RACE 7. MA	ARRIED X NEVER MARRIED	PRYOR B. DATE OF BIRTH		9 AGE (In years		R IF UNDER 24 HR
MALE W		WED DIVORCED	SEPT 23	1890	last birthdoy) 69 yrs.	Manths Days	Hours Min.
10a. USUAL OCCUPATION (Giduring most of working life RETIRED CO	ve kind of work done 10 e, even if retired)	B. & O. R.R.		on Co.	country) Kentucky		S.A.
GEORGE PRY	OR		E1.17	ABETH Co	gille		
15. WAS DECEASED EVER IN U		6. SOCIAL SECURITY NO. 17	, INFORMANT	WA	RWICK & M	EMORIAL ND, MARY	AVENUE
1B. CAUSE OF DEATH [I PART I. DEATH W. IMMI O9 2 X Canditians, if ony, w	AS CAUSED BY: EDIATE CAUSE (a) DUE TO hich)	Hepatice. Defection	7 delur	e itis		00	TERVAL BETWEEN NSET AND DEATH 2 days
couse (a), stoting the un lying cause lost.	DUE TO	nassire blee	ding from	esopha	gal wel	ins	24 day
& Wound se	paration-	best familie				VEN IN PART 1(0)	PERFORMED YES NO
	DERLYING 20b. DAUSE OF DEATH CAL EXAMINER)	ESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of i	njury in Port I or Po	art II of item 1B.)		
20c. TIME OF INJURY Mo	Wh		PLACE OF INJURY (Ho foctory, street, office b		ty or town}	(Count)	y) (Stote
21. I certify that (I) saw the deceased a 22a. SIGNATURE	4/12	anded the deceased frame 1960 and that		atl: LOM, fran	the causes ar		that (I) (we) last te stated abave 22b.DATE SIGNE
22c. PHYSICIAN'S NAME (Type) DR		F. Lewis M.	D. /Lel	algar	quing a	unbart	and his
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	1/16/60	Rose Hill	Cemetery		berland,	Maryl	
24. FUNERAL DIRECTOR'S SIGN		aberland, Md		So. REC'D BY REGI	STRAR 2Sb. REGI	Istrar's SIGNAT	

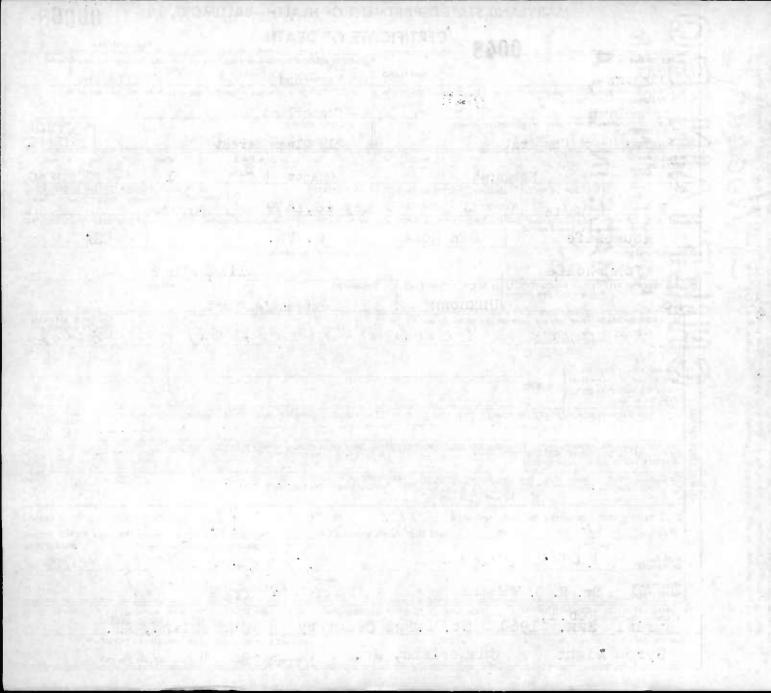


00068

			00%	CERTIFI	CAT	E OF DEA	TH		Reg. D	ist. No.		
1.	PLACE OF DEATH a. COUNTY Allegany		003	MARYLAI		usual RESIDENCE a. STATE Marylan		ed lived. If institut b. COUNTY		nce befor		sion)
		f autside carporate lim	its, write	c. LENGTH OF STAY IN	16			orate limits, write l			_	n)
-	Cumberla		give street	oddress)	0	2 Cumberl	Christian	-			e. IS RES	SIDENCE
	Sacred H	eart Hospi:	hal			218 GTe	en Stre	et.			YES [NO X
3.	NAME OF DECEASED (Type or print)	Fi	rst argar	Middle		lost Quantz	4. DATE OF	Mai	nth	Da	'	Year 19 60
5.	SEX			RIED NEVER MARRIED	□ B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		ER 24 HRS.
	Tr	to the second second	WIDOW			ay 28,18	70	lost birthday)	Months	Days	Haurs	Min.
100	. USUAL OCCUPATION	White ON (Give kind of work	done 10b.	KIND OF BUSINESS OR II	THE .			1 00		IZEN OF	WHAT	OUNTRY?
	during most of work	sing life, even if retired	1)	Own Home		W. V	a.			US	A	
13.	FATHER'S NAME				1.	4. MOTHER'S MAID						
	John	Wolfe					Eli	zabeth	?			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	INFO	RMANT			dress	-		
{Y•	NO NO	(If yes, give wor or dates of		nknown		Patie	nt's Ch	art				
=	-	ATH [Enter anly ane co		ne far (a), (b), and (c).]		1/	110 0 011	0		INT	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:		Cereb	1701	2 Xec	1.1000	hare		ONS	ET AND	DEATH
9	231X	DUE TO			1001	, ,				16	666	10
	Canditions, if a	ny which \	25.74									/
-	gave rise to in	mmediate (32.7	1.15/1
	lying cause lost.	the under-	c)									
CATION	PART II. OTH			CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE T	ERM!NAL DISEA	SE CONDITION GI	VEN IN PAI	RT 1(o) 1	PERFC	AUTOPSY ORMED?
CERTIFIC		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCI	JRRED. (E	inter nature of injur	y in Part I or Po	ort II of item 18.)				
MEDICAL	20c. TIME OF INJUR Haur a.m. p. m.	Y Month, Doy, Ye	While at war	Nat while		OF INJURY (Home, , street, office bldg.		ty or town)		(County)		(Stote)
	21. I certify th	at I attended the	decens	ed from 1/2	4	19 60 ta	1/2	19 196	Shat I le	ast sav	the c	ecenser
	alive an	1/29	196	20	ath ac	curred at	M From	the causes ar				
		X)	/ ./	, dita tilat at	Jann ac			Street, city or tawn		c dare		TE SIGNED
	ACTUAL	Que	91	Uh	M.D.	-59	Gre Gre	eno SI		·	1/34	160-
	PHYSICIAN'S NAME (Type)	Dr. S. G.	Weis	man		Ciun	balac	cel l	ud			
220	BURIAL, CREMATIO REMOVAL (Specify) Burial	N. PEDATE THERE	960	St. Luke		ematory emetery		ATION (City, tawn, umberlan	2	d.	(Stat	te)
23.	FUNERAL DIRECTOR			ADDRESS			REC'D BY REGIS	STRAR 24b. REG	ISTRAR'S SI	GNATU	RE	
	Byron	Kight	C	umgerland,	Md	DATE	ra 2 160	arth	un 2. to	rough		

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VS A15 (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00069

Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY	Allega	ny Mary	AND	2. USUAL RESIDENCE (Where decorate of STATE Maryla:		YAlleg	
	b. CITY OR TOWN (If and give nearest town)	entride corporate fimits, write fitumb erland			c. CITY OR TOWN (If auside	corporate limits, write	RURAL and gi	ve nearest fawn)
2	d. NAME OF HOSPITA	al or institution (if no cred Heart	ot in hospital, give street address Hospital)	d. STREET ADDRESS	Columbia	a Ave	. IS RESIDENCE ON A FARM? YES NOW
	3. NAME OF DECEASED (Type or print)	First Mae	Middle Eliza	abet	th Reitmeie DEA			Day Year 1960
	5. SEX Female	7277 . 4	MARRIED NEVER MARRIED	-	00 7000	9. AGE (In years lost birthday) O yrs.	Months Do	
	10a. USUAL OCCUPATION during most of working HOUS E	N (Give kind of wark don g life, even if retired) WITE	None	NDUSTRY	Lonaconing,			N OF WHAT COUNTRY
	13. FATHER'S NAME	John Sloa	n		4. MOTHER'S MAIDEN NAME Elizabeth	Hice		
1		R IN U. S. ARMED FORCE (If yes, give war or dates of servi		1111	ormant nn Reitmeier,	Cumberla		Md.
3	PART I. DEAT 33/× Conditions, if or gave rise to immed (o), stating the ucause lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Oy, which (b) iole cause nderlying DUE TO (c)	Cerebr	al	emorrhage, Ma	pertensi	.on	PERFORMED?
		Y Month, Day, Year 19 at 1 taak charge of		PLACE factory	e, held on Autapsy ,	ity or town)	(Count)	
2	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Benedict	Skitarelic	, D.	de	NER 🗌		DATE SIGNED
	220. BURIAL CREMATION REMOVAL (Specify) BURIAL		22c. NAME OF CEMETER	Y OR C	7 - 1	cation (city, town, amb erland	ar county)	(State) Md.
	23. FUNERAL DIRECTOR'S Byron H		ADDRESS Cumberland	, l	240. REC'D BY REG DATEN 2 5 16		STRAR'S SIGNA	

or removol VS. A15ME(5) 5M 9/55

.0. TO THE RESIDENCE OF THE PROPERTY OF THE PROPER There are to the live two to a small a CVIDENT ABABANAOUSE AMOSSICO MASSICO The second of the second second Event of the contract of the c

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

death. Page 4

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ansit permit. Then please remave and in any event within 72 hours the registrar prior to burial, crematian, ar remaval,

1		11511	01 1111	Reg.	Dist. No.U U U U
	1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Resi	dence before admission) Allegany
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland	c. LENGTH OF STAY IN 16 10/16/57	c. CITY OR TOWN (IF or	utside corporate limits, write RURAL a	nd give nearest tawn)
3	d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION Allegany County	Infirmary	d. STREET ADDRESS	. Mechanic Str	e. IS RESIDENCE ON A FARM? YES NOT
	3. NAME OF DECEASED (Type or print) Clyde	Middle Herbert	Rice	4. DATE Month OF January	2, Year
	S. SEX Male 6. COLOR OR RACE White Widow		8. DATE OF BIRTH 7/14/1885	9. AGE (In yeors last birthdoy) 74 yrs.	DER 1 YEAR IF UNDER 24 HRS. as Days Hours Min.
,		W. Md. Rwy.	Maryland,	Ellerslie	U S A
	David Henry Rice		Mary M		
			NEORMANT P. C. BO		umberland, Md. Records
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine far (o), (b) pnd (c).]	nary Hy	ototasis.	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b)	Chroni	c mys	cardités	?
	cause (a), stating the under- lying couse lost.	Cerele	ral He	morrhan	15
0	PART II. OTHER SIGNIFICANT CONDITIONS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	contributing to DEATH BUT	NOT RELATED TO THETERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	art I ar Port II af item 1B.)	
	Hour o. m. While		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)		(County) (State)
	21. I certify that I attended the decedalive an 1/2/60 , 19	sed from 10/16/5	accurred at 1:05	/2/60 , 19 , that I M from the causes and an ADDRESS (Street, city or town, stote)	
)	ACTUAL SIGNATURE ALLESS TO	ncheau	M.D. 49 Gre	ene St.	1/4/60
H	PHYSICIAN'S Dr. James E.	McLean	Cumber	land, Md.	
	220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 1/5/60	22c. NAME OF CEMETERY O	-	22d. LOCATION (City, town, or coun Cumberland, M.	
	23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cum	ADDRESS berland. Md.		BY REGISTRAR 24b. REGISTRAR'S	
	n. wayne beorge cum	nerrand, Md.	DATE, IAR	17 '60 arthur.	S. Thank

'60

DATE JAN 7

TO HOSPITAL VS A1S (4) 15M 9/SB

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

Reg. Dist. No. 0071

1	PLACE OF DEATH		UIT	90	2. USUAL RESIDENCE	Where decease	ed lived. If Institu	tion: Residen	ce before	odmission))
1	o. COUNTY Alle	egany		MARYLAND	o. STATE Marv		b. COUNT	Y	egan		
	b. CITY OR TOWN III a		RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		orote limits, write				
	Cresar	otown		40 year:	s x Cre	esapto	מינים				
			If not in hosp	pitat, give street address)	d. STREET ADDRESS	200000	71122		0.	IS RESIDE	NCE
		ester Ros	d		Winch	nester	Road		Y	ON A FA	
3.	NAME OF DECEASED	Fir	st	Middle	Last	4. DATE OF	Mont	h	Day	Year	
	(Type or print)	FLOYD			NEHART	DEATH	Jan.	23.		19	60
5.	SEX	6. COLOR OR RACE	7. MARRIE	DEVER MARRIED	8. DATE OF BIRTH		9. AGE In years last birthday)	IFUNDER 1		UNDER 24	
	Male	White	WIDOWED	DIVORCED	reb.15,190]		58 yrs.	Months D	Days H	ours Min	١.
10	a. USUAL OCCUPATION	N (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign co	ountry)	12. CITIZ	EN OF W	VHAT COU	NTRY?
1	Conductor		B.	& O. RR	Virgin	nia		1	USA		
13	Amoros	e Rineha			Nancy S	homo.	0001				9
	. WAS DECEASED EVE	0.000		SOCIAL SECURITY NO. 17.	INFORMANT	01.70	Address				-
100	n, no, or unknown)	If yes, give war or dates of	service)	5-10-0920 M	rs. Ruth Ri	nehar		esapto	0.1870	Md.	
F	18. CAUSE OF DEATI	H [Enter only one cau	se per line f		. De Ilaan 111	licital	0 016	sapu		BETWEEN ND DEATH	
	PART I. DEATH	WAS CAUSED BY:	Co		ngion				ONSET A		
	110-1	MMEDIATE CAUSE (6)		ronary Occl	uston				2	wks.	
	Conditions, if any	DUE TO	0	amanamer Cal							
	gove rise to immedi	ofe couse		oronary Scl	erosis						-
	(o), stoting the un								131		
z) (c) ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	FN IN PART	1(a) 10 \	WAS AUTO	PSY
18					THE TENT			STA ITA I AKI	YES	PERFORMED	0?
5	20g. EXTERNAL CAUS	SE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED.	Enter nature of injury in Par	rt 1 or Port II .	of item 18.)		1153	□ NO	M. M.
CERTIFICATION	PRIMARY OF CON'	TRIBUTING [., 0.000000		zme natero at injery in Fa		or nem 10.;				
13	20c. TIME OF INJURY	Month, Day, Yea	r 20d. It	NJURY OCCURRED 20e. PL	CE OF INJURY (Home, farr	n, 20f. (City	or town)	(Caun	nty)	(St	ate)
MEDICAL	Hour o.m.	19	While of wor	Nat while foo	tory, street, office bldg., etc	:.)					
1				emains described abo	ove held an Autans	v 🗆 In	spection X	Inquiry	(V)	and find	that
					icide . Hamicide		determined o	-	יואו, י	and iiiid	IIIQI
	acam resoned			a ricerdent, so	reide [_], Haillieide	, On	iderer illined (.0036 [].			
	ACTUAL 3	enedict	16.	1-01)	CHIEF MEDICAL E	YAMINED [D	ATE SIGNE	D
	SIGNATURE TO	CALLUCA	ZEII.	areas	M.D. CHIEF MEDICALE						
	EXAMINER'S NAME (Type)	anadiat C	iled + a	T.M. offor	DEPUTY MEDICAL				2 7	060	
22	BURIAL, CREMATION			relic. M.D.			ION (City, town,	ery 2	2,	L960	
-	Burial	1/25/1		Rest Lawn C			mberlan		1	(Stole)	
23	FUNERAL DIRECTOR'S		,00	ADDRESS	240 PEC	D BY PEGISTE	DAP 24h PEGI	STRAR'S SIGN			
1	Byron K			Cumberlan	nd, Md. J	AN 26 '6	30 a	rthun S.			
					DAIL						

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			IADICIM
Vigoralia I			William III
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death. Page 4

VS A15 (4) 15M 9/58

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	,	CENTIFICATE	OF	DEATH	

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1. [PLACE OF DEATH D. COUNTY	Allegany	000	MARY	LAND	a. STATE	ence (Whe	ere deceased lived	l. If institution: b. COUNTY	Residence before 11egar		ian)
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	OR INSTITUTION	any Count		oddress) Ifirmary		d. STREET A		ayette	Street			FARM?
1	NAME OF DECEASED (Type or print)	Marj		Middle Helen		Robb		4. DATE OF DEATH Ja	Month nuary	1	^	Year 19 60
5. 5	Female	6. COLOR OR RACE White	7. MARR	D DIVORCE		1/6/18		9. AC		UNDER 1 YEAR	Haurs	Min.
		ON (Give kind of work king life, even if retired er worke)		KIND OF BUSINESS O	R INDUS	Cumb	-	nd, Mar		12. CITIZEN O	S.	
13.	FATHER'S NAME	harles Ro	bb				phine	Wolfe				
		R IN U. S. ARMED FOI (If yes, give war or dates of		None		NFORMANT P. Llegany				Cumbe:		d, Md.
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CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter nature a	f injury in P	art I ar Part II of	item 1B.)		YES [NO D
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. IN While of wark	Nat while of wark	20e. PL/ fac	ACE OF INJURY (I stary, street, office	Hame, farm, bldg., etc.)	20f. (City ar to	wn)	(Caunty)		(Stote)
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22a	BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEMI		R CREMATORY Cemeter		22d. LOCATION	(City, tawn, ar o		(State	re)
23.	FUNERAL DIRECTOR H. Wayn			ADDRESS aberland,	Ma	ryland	24a. REC'D	BY REGISTRAR	24b. REGISTR	AR'S SIGNATU	IRE	

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FOR STATE

HEALTH DEPT

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TO DEPUTY ME CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it provides execute the case, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral ector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any exent within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00074 Reg. Dist. No.

b. CITY OR TOWN If any experime limits, write FURAL and give socretion in the probability of the probability	1.	PLACE OF DEATH		00)52	AND	o. STATE		If institution: Reside	nce before admission)
Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give vireet address) 415 Mechanic Street, 415 Mechanic Street, Cumberland d. STREET ADDRESS d. STREET ADDRESS ALS Mechanic Street 415 Mechanic Street 415 Mechanic Street ALS Mechanic S	-	CITY OF TOWN #	Legany	PLIDAT						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give treet address) 4.15 Mechanic Street 4.15 Mechan		and give neorest town	ouside corporore mains, with	NONAL	C. CENOTITOT STATE	110		ir duiside corporore ilmii	s, Wille NURAL ONG	Give vegiazi icani)
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DECEASED (Type or print) ELMA GERTRUDE RUDOLPH DEATH January 15 19 66 COLOR OR RACE 7. MARRIED NEVER NEVER NO. NEVER MARRIED NEVER NEVER NO. NEVER MARRIED NEVER MARRIED NEVER NEVER NO. NEVER NEVER NO. NEVER MARRIED NEVER NEVER NO. NEVER NO. NEVER NEVER NO. NEVER		415 Mec	hanic Stre	et			415 Mec	hanic Street	et	YES NO K
S. SEX 6. COLOR OR RACE 7. MARRIED NEW MAR		DECEASED	Fire	s#	Middle		Losi	OF	Month	Doy Yeor
Pemale				r				Janua	ary 15	00_
Toc. USUAL OCCUPATION (Give kind of work done during most of working life, year if retired) 10c. USUAL OCCUPATION (Give kind of work done during most of working life, year if retired) 11. BIRTHPLACE (State or foreign country) Cumberland, maryland USA 11. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNT CUMBERLAND, maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate course (c), stoting the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YEARS. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO CAUSE OF DEATH. 30. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO CAUSE OF DEATH. While Not while of work of	5.	SEX	6. COLOR OR RACE	7. MARRIE				9. AGE (In fact birth)	years IFUNDER	
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John Henry Rudolph Emma Elizabeth Rompf 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 415 N. Add Mechanic Street 16. SOCIAL SECURITY NO. 17. INFORMANT 415 N. Add Mechanic Street 18. CAUSE OF DEATH [Enter only one cause per line for (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA: CONGESTIVE HEART FAILURE 2-3 Hrs. Candition, if any, which gove rise to immediate cause (o) OBESITY, MARKED OBESITY, MARKED OBESITY, MARKED YEARS. OBESITY, MARKED YEARS OBESITY	100	during most of working never	ON (Give kind of work of life, even if relired)	done 10b. K	IND OF BUSINESS OR IN	NDUSTR	-			
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opinian death resulted from: Natyral causes X. Accident . Suicide . Hamicide . Undetermined manner		opinian death	resulted fram: 1	Natyral o	causes X. Accid	ent [, Suicide ,	Hamicide . L	Indetermined m	nonner 🔲
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SIGNATURE Benedict Skitarelie M.D. CHIEF MEDICAL EXAMINER DATE SIGNED			enedict;	Skil	arelie		M D CHIEF MEDICAL	EXAMINER [DATE SIGNED
ASSISTANT MEDICAL EXAMINER	13							CAL EXAMINER		
EXAMINER'S Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER January 15, 1960	-	EXAMINER'S NAME (Type)	Benedict SI	kitar	élic. M.D.		DEPUTY MEDICAL	EXAMINER A Ja	nuary 15	. 1960
220. SUBIAL CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 226 LOCATION (City fown or county) (Stole)	220	AURIAL CREMATIO	N 226 DATE THEREO			RY OR C	REMATORY			
Bufial 1/17/60 Greenmount Cemetery Cumberland, Maryland	B	REMOVAL (Specify)	1/17/60		Greenmount	Ce	metery			, ,
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	-					-		D BY REGISTRAR 24	b. REGISTRAR'S SIG	NATURE
John J. Hafer, Cumberland, Maryland . DAWAN 20'60 Criting & House		John J. H	Hafer, Cum	berla	nd, Marylan	nd	DATES	N 2 0 '60	(1 :1 - 0 4	

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death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1.	PLACE OF DEATH o. COUNTY ALLE	GANY		MAI	RYLAND	o. STATE	ALE.	mere deceased I	ived. If institution b. COUNTY	n: Residence be	efore admi	ssion)
	b. CITY OR TOWN (If RURAL and give nea CUMBERLAN	rest tawn)	its, write	c. LENGTH OF STA			OWN (IF a	outside corporo	te limits, write RU	RAL and give (nearest tov	rn)
	d. NAME OF HOSPITA DE INSTITUTION MEMORIAL AV			BPITAL		d. STREET AI		NAL HWY	1.	Stall	ON	A FARM?
	NAME OF DECEASED (Type or print)	MR. LEVI		MI RUSMISE		Last		4. DATE OF DEATH	JAN.2		Day	Yeor 19 60
1	MLE	6. COLOR OR RACE WHITE	WIDOWE		ED 🗆	DATE OF BIRTH	72		87 yrs.	Manths Doy		T
	usual occupation during most of working Salesman	N (Give kind of working life, even if retired		Ublishi		. W.	.VA.	415	ntry)	U.S.A		COUNTRY
	John N	Rusmis		OCIAL SECURITY N	10 17 INF	Mar		ne Ri	tter	***		
	NO [if	yes, give war or dates of	50	9 10 92	46 M		HOSP	ITAL, C	UMBERLAN			
	PART I. DEATI	H WAS CAUSED BY: MMEDIATE CAUSE (c	1 0	e for (o), (b), and (c	· The	Myor	al fi	dis	tis of	II O	NSET AN	D DEATH
	gove rise to im couse (o), stoting th lying cause lost.	mediate (ol	office	re C	arte	res	Ret	Eros	5	-	_
CERTIFICATION		r significant con		ONTRIBUTING TO D	EATH BUT N	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(o	19. WAS PERF YES	ORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING DATH	20b. DESC	RIBE HOW INJURY	OCCURRED.	(Enter noture of	f injury in	Port I or Port I	I of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. IN While at wark	JURY OCCURRED Not while of work	20e. PLAC focto	CE OF INJURY (Fory, street, office	Home, farm bldg., etc	20f. (City o	r town)	(Coun	ty)	(Stote
	21. I certify that		l) atlende	the deceased	d frama	ath occurred	59 19 at 9;		24/60 ne couses and		that (I) ite state	
(220 SIGNATURE	The	ill	ine	All M	ATTENDING	DI	ED. RECTOR	STAFF PHYS.		1/2	SIONE
	NAME (TYDE.					22d ADDRE	DS	her	la	di	M	/
230 B	REMOVAL (Specify)	Jan. 27		23c. NAME OF CE. Sunset					on (City, town, or berland	, Md.		ate)
24.	Byron Ki		Cumbe	erland,	Md.			D BY REGISTRA		TRAR'S SIGNA		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. TO HOSPITAL VR A15 (4) 15M 9/59

Cumberland, Md.

DATE JAN 2 8 '60

arthur S. Kraus

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0094 CERTIFICATE OF DEATH

00076

Reg. Dist. No.

o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (V	Where deceased live	ed. If institution b. COUNTY	on: Residence be Allegar		sion)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II		limits, write RI	URAL ond give n	earest tow	n)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION ROSS St.	oddress)	d. STREET ADDRESS Ross St.	•		BB	ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print) Daisy Louella	Middle	Ryan Lost	4. DATE OF DEATH	Jan	th 18	,	Year 1960
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	IED NEVER MARRIED DIVORCED DIVORCED	8. Date of Birth Dec. 18	79	AGE (In yeors ost birthdoy) yrs.	Months Days		ER 24 HRS Min.
10b. USUAL OCCUPATION (Give kind of work done 10b. relying most of working life, even if retired)	kind of Business or Indu)wn Home	STRY 11. BIRTHPLACE (Stor		ry)	U.S.		OUNTRY
13. FATHER'S NAME Hugh Polk		14. MOTHER'S MAIDEN Sylva N				5	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown] [If yes, give war or dates of service]		NFORMANT A. Ryan-Wes	sternport	Addi	ress		
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C	Corner	Y Embo		ONDITION GIV	Of	PERFC	AUTOPSY DRMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Not while fo	D. (Enter noture of injury in ACE OF INJURY (Home, for ctory, street, office bldg., e	orm, 20f. (City or		(Count	YES	(Stote
21. I certify that Lattended the decease alive an Jew 18, 1964 ACTUAL SIGNATURE PAUL R. W. 15 PHYSICIAN'S PAUL R. W. 15 220. BURIAL, CREMATION, 22b. DATE THEREOF	2, and that death	S., 19(0), ta accurred at 5:00 f M.D. 111 Ash fis	ADDRESS (Street	causes an city or town,	stote) fwks	te state	d abave TE SIGNET -20-6
REMOVAL (Specify) BUTIAL 3. FUNERAL DIRECTOR'S SIGNATURE	Conicville C	Jem.	Conaty	ille 24b. REGIS	STRAR'S SIGNAT	Va.	
EV. BITI	Westernport	, Md. DATE	JAN 2 2 '60	Co	without S. 16		

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after depth. y the haspital or attending physician.

TENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hour

TO HOSPITAL

VS A15 (4) 15M 9/5B

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	4			Reg. Dist. N	0.
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (W	1 00	institution: Residence bet	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CUMBERLAND	c. LENGTH OF STAY IN 16	1 0 7	outside corporate limits,	write RURAL ond give n	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MEMORIAL HOSPITAL	oddress)	d. STREET ADDRESS	BEDFORD STRE	ET	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print) HOWARD	Middle Elmer	SANDERS	4. DATE OF DEATH	Month D	Pay Year 16 19 60
5. SEX 6. COLOR OR RACE 7. MARR WHITE WIDOWE	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH NOVEMBER 7	9. AGE (In lost birth		R IF UNDER 24 HRS.
	KIND OF BUSINESS OR INDU		waterw.va		OF WHAT COUNTRY
JAMES SANDERS		14. MOTHER'S MAIDEN MARGARET			
(Yes, no, or unknown) (If yes, give war or dates of service)		EMORIAL HOSPI	TAL - CUMBE	RLAND, MARY	CLAND
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gove rise to immediate cause (o), stoting the under-lying couse lost. (c)	te for (o), (b), and (c).]	eary H	sombos		ITERVAL BETWEEN
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURRI	kilco			19. WAS AUTOPSY PERFORMED? YES NO
	Nat while fo	LACE OF INJURY (Home, for octory, street, office bldg., et		(County	y) (Stote)
21. I certify that I attended the decease alive on	and that death	h accurred at 3:45A			
220. BURIAL, CREMATION, 22b. DATE THEREOF Burial 1/18/60	22c. NAME OF CEMETERY C Sunset Mem		22d. LOCATION (City, Cumber 1:	town, or county) and, Mary	(Stote) land
23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cumb	erland, Mar	vland		. REGISTRAR'S SIGNAT	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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Page 4	direc	BI
death.	uneral director	

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To make the receipt of the haspital ar attending physician.

TO MUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function of the following should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remaye carban papers.

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

TO HOSPITAL VR A1S (4) 1SM 9/S9

1. PLACE OF DEATH	H (MARYLAND	2. USUAL RESIDENCE (O. STATE MARYLAND	Where deceased I	b. COUNTY	lesidence befor LEGANY	e admission)
b. CITY OR TOW RURAL and giv	/N (If autside corporate limits, write we nearest tawn)	c. LENGTH OF STAY IN 16		If autside carporo	te limits, write RURA	L and give nea	rest town)
CUMBERLA	SPITAL (If not in haspital, give stre	39 DAYS	CUMBERLAND	02			
d. NAME OF HO OF INSTITUTION ME MOR I	OSPITAL (If not in haspital, give stre	or address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JAMES	Middle JOSEPH	Lost SHUGRUE	4. DATE OF DEATH	Month JANUARY	26	Year 19 60
S. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH		40.2.2.2.2.2.2.2		IF UNDER 24 HRS
MALE		WED DIVORCED	OCTOBER 20			anths Days	Haurs Min.
10a. USUAL OCCUP	ATION (Give kind of work done 10			ate ar fareign cou	ntry)	12. CITIZEN OF	WHAT COUNTRY
Foreman		elanese Fiber	rs. Washin	gton, D	. C.	U. S	. A.
13. FATHER'S NAME	Dept.	Is/Jan 1970 and SV	14. MOTHER'S MAIDE	N NAME			
JA	AMES SHUGRUE		MARTHA	WESTBROO	K		
1S. WAS DECEASED [Yes, no, or unknown) No.	EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	MEMORIAL HO		CUMBERLA	ND, MD.	
	DEATH Enter only one cause per					LINTE	RVAL BETWEEN
	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		m A			ONS	2 days
581.1	DUE TO					-	
Canditians,	if ony, which) (b) A	LEO HOLIC CI	RRHO SIS	LIVER	3	22	+ mons
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lying couse le		is cites				? 6	> WES
Z PART II.	OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVEN	IN PART 1(o) 15	9. WAS AUTOPSY
PART II.	emiz, co	RONARY	DRTERI	OSCLE	Rosis		PERFORMED?
= 200. ACCIDENT		ESCRIBE HOW INJURY OCCURRI	4 4 4 4				
N 20c. TIME OF IN	NJURY Manth, Day, Year 20d		LACE OF INJURY (Hame, f		or town)	(Caunty)	(State
Haur a.		ile Nat while vork ot wark	actory, street, office bldg.,	erc.)			
	that (I) (this haspital) atte						
saw the dec	gased alive an JAW	25 1960, and that	death accurred at 2	13 D. Allm I	he causes and a	in the date	stated abave
22o. SIGNATUR			M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
22c Hysician	Vis		22d. ADDRESS	DIRECTOR [11113.		
NAME (Typ	DR. JACOBSON		50 PERS	HING S	T, CIMB	GRLAT	ND-MD
230. BURIAL, CREMA	ATION, 23b. DATE THEREOF 1/29/60	23c. NAME OF CEMETERY OF Hillcrest			ON (City, town, or co		(State)
24. FUNERAL DIREC	-1-17-00	ADDRESS			AR 25b. REGISTRA		
H. Way	ne George Cu		• DATE	IAN 2 9 '60	arthur	S. Kraus	

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VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH

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	PLACE OF DEATH o. COUNTY	LLEGANY	MARYLA	O. STATE	DENCE (Where dec		COUNTY	Residence b		on)
	b. CITY OR TOWN (III RURAL ond give ne CUMBERLA	Anton	write c. LENGTH OF STAY IN		TOWN (If outside of UMBERLAND		ts, write RU	RAL ond give	nearest town)	
		HOSPITAL give		d. STREET A	2 SPRINGD	ALE ST	REET		e. IS RESH ON A YES	FARM?
	NAME OF DECEASED (Type or print)	First BABY	Middle BOY	SID	OF	ATH	JA NUA		/	9 60
S. 5	MA LE		MARRIED NEVER MARRIED IDOWED DIVORCED		31,1960	9. AGE lost l	1	Months Day	rs Hours	24 HRS
	during most of work	ON (Give kind of work don ing life, even if retired)	ne 10b. KIND OF BUSINESS OR I	CUM	BERLAND,			12. CITIZEN	•A •	DUNTRY
13.	ALFREC	L. SIDAWAY	JR.		NZIE M. D	AWSON				
		R IN U. S. ARMED FORCE: If yes, give war or dates of service		17. INFORMANT MEMORIAL	HOSPITAL		CUMB	SERLAND	, MARY	LAND
	PART I. DEA Conditions, if or gove rise to it couse (o), stoting lying couse lost.	mmediate (DUE TO	Riblis Donn	catal alung	ectasi				DNSET AND	DEATH
CERTIFICATION		,	TIONS CONTRIBUTING TO DEATH	V553	Bratt.			N IN PART Î(a	19. WAS A PERFOR	RMED?
MEDICAL CER	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER)	20d. INJURY OCCURRED While Not while of work of work	e. PLACE OF INJURY foctory, street, offic		(City or town	1)	(Cour	nty)	(Stote
	21. I certify that saw the decease 220. SIGNATURE (22c. PHYSICIAN'S		thended the deceased fr	om	d at 8:35, Pr	on the co	uses and			
	NAME (Type)	DR. RAMSON	LEWIS MOULD							
230	BURIAL, CREMATIO REMOVAL (Specify) Buria		Rose Hil			mberl	and, l	Md.	(Stote)
24.	FUNERAL DIRECTOR' James	s SIGNATURE F, Scarpe	ADDRESS	nd,Md.	PEB 1	GISTRAR 6 '60		hun S. H		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

OAF M CERTIFICATE OF DEATH

			0057	CERTIFICA	TE OF D	EAIN				
1. 6	LACE OF DEATH COUNTY ALLEGA	NY		MARYLAND	2. USUAL RESIL a. STATE MARY		re deceased li	ved. If institutio b. COUNTY	n: Residence bef	44.4
1	CUMBER	f outside corporate limits, earest tawn)		IGTH OF STAY IN 16		TOWN (IF OU		e limits, write RU	IRAL and give ne	earest town)
(AMEMOR'PALL' HO	SPITAL"	2 DAYS	d. STREET A	DDRESS	ORE AV	Έ.,		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print)	First	(MOND	Middle John	Las	it .	4. DATE OF DEATH	Mont		Year
_	EX	6. COLOR OR RACE 7	1.4		8. DATE OF BIRT			JANU		5 19 60 R IF UNDER 24 HR
	MALE		VIDOWED	DIVORCED [MAY 24	. 191	1	AGE (In years lost birthday) yrs.	Manths Days	Hours Min.
3	USUAL OCCUPATIO	ON (Give kind of wark daking life, even if retired)	ne 10b. KIND C			ACE (State a	r foreign coun	itry)	12. CITIZEN C	F WHAT COUNTRY
_	erk to c	hief disp	at B.	& O. Rwy.			n WARYL	AND	U.S.	Α.
3.	FATHER'S NAME	On			14. MOTHER'S					
-		WILLIAM SMI		CECURITY NO. 117	CORA	H. JE	NKINS	Addre		
(Yes	, no. or unknown)	R IN U. S. ARMED FORCE (If yes, give war or dates of serv	ice)	5-5956		110001	711			
_	NO,				MEMORIAL	HOSPI	IAL	CUI		MARYLA
		ATH [Enter only ane caus ATH WAS CAUSED BY:	e per line for (o), (b), and (c).]	1.1	0.0.	1-1		ON	TERVAL BETWEEN
		IMMEDIATE CAUSE (a)_	U.Evv	vien	Car or	sulu	The My	n-u	132	more
£	410X	DUE TO	7117	0166	2010	0 ,	. (1	71	1 -1	
	Conditions, if o gove rise to i	mmediale	IHUV	as par	racer	7-6-6-7	(V.	helicel	2 rote	
1	couse (o), stoting lying couse lost.									
Z		(c)_ HER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO	O THE TERMIN	NAL DISEASE C	ONDITION OIV	EN IN PART 1(a)	19. WAS AUTOPS
CATION	for.	INP Por	ali-	-0 071	algan	1. 14	ates.	- alle	cio o	PERFORMED?
DEFIC	20a. ACCIDENT WA	AS UNDERLYING [] 2	Ob. DESCRIBE H	IOW INJURY OCCURR	ED. (Enter nature o	of injury in Po	ort I or Part M	of item 18.)	200	
CERTIFI	OR CONTRIBUTING	MEDICAL EXAMINER)				/	/			
CAL	20c. TIME OF INJUR	Y Manth, Day, Year	20d. INJURY		LACE OF INJURY		20f. (City or	town)	(County	r) (Sto
MEDICA	Haur a.m.	19		lot_while	octory, street, affic	e blag., etc.)		11		
		at (I) (this haspital)	oftenAed th	e deceased from	11/4/	58 19	, .ta	115/6	/) 19	that (I) (we) lo
		sed alive an	7/601		death accurre			/ /		
	220. SIGNATURE	1-11-1	V	real rand mar			Maria ann in	o caoses am	a dii iiio dai	226. DATE
(VI	Marke	run	e-e	M.D. ATTENDIN	G MEI	D. ECTOR	STAFF PHYS.		1/6/6
	22c. PHYSICIAM'S NAME (Type)	HARD J. WILL	-IAMS		23d. ADDR	ess	liste	and	1 7/	1
230	. BURIAL, CREMATIC	N, 23b. DATE THEREOF	23c. I	NAME OF CEMETERY	OR CREMATORY		23d. LOCATIO	N (City, town, c	e, county)	(Stote)
	Burial (Specify)	1/7/60	Su	nset Mem	orial P	ark	Cumb	erland	, Mary	land
24.	FUNERAL DIRECTOR			DDRESS		25a. REC'D	8Y REGISTRA	R 25b. REGIS	TRAR'S SIGNAT	URE
	Charles	L. George	u Cumb	erland, l	Vid.	DATE ER N	1 1 1 160	0.1	Lun 8 the	

and campletely filled in by the funeral director, ban papers. Pages 1 and 2 should be filed with TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou remove garban papers. by the ottending physicion Then please may be rebain. Sy the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detoched for use as the burial-transit permit.

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0059	CERTIFICATE OF DEATH	
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Reg. Dist. No. 0081

1.	PLACE OF DEATH o. COUNTY Alleg	anv		MARYLAND	2. 1	USUAL RESIDENCES. STATE	E (Where d		lived. If instituti b. COUNTY		nce befo		ion)
	b. CITY OR TOWN (If RURAL ond give neo	outside carporote limit	s, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN			ote limits, write F		-		1)
	Cumberl			2 days	10	12	Cumbe	erlan	d				
	OR INSTITUTION	L (If not in haspital, gi				d. STREET ADDRE							FARM?
		Heart Hosp	ital			/	S.C∈	entre	e St.			YES [NO X
3.	NAME OF DECEASED (Type or print)	Firs		Middle	Sam	lost merville		DATE OF DEATH	Mon	oth	Da		
c	SEX	6. COLOR OR RACE		RIED NEVER MARRIED	- 10.1	ATE OF BIRTH			9. AGE (In years	IE LINDE	-	IF UNDE	
3.	Male	hite	WIDOWE		0. 0.	3-10-190)5		lost birthdoy) 54 yrs.	Manths		Hours	Min.
10	. USUAL OCCUPATIO	V (Give kind of work d	ane 10b.	KIND OF BUSINESS OR IND	USTRY	11. SIRTHPLACE	(State ar fo	reign ca	untry)	12.CI1	TIZEN OF	WHATC	OUNTRY?
	Labore	ng life, even if retired) P		Construct	ion	"aryl	and				U.S	.Λ.	
13.	FATHER'S NAME				14	. MOTHER'S MAIL	DEN NAME						
	Donglas S	ommerville				Margare	t (Wal	ker) Sommer	ville			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFOR		0 (10 0 1		Add				
{Y	No (I	f yes, give war or dates of se	21	4 07 0623	Pt	'schart.							
	18. CAUSE OF DEAT	H [Enter only one cou	se per lir	ne far (a), (b), ond (c).]								ERVAL BE	
	PART I. DEAT	H WAS CAUSED 8Y:		acute Xu	Pan	man E	20				ON	30	DEATH
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	gove rise to im couse (o), stoting t												
	lying couse last.	(c)											
Z	PART II. OTHI		DITIONS C	CONTRIBUTING TO DEATH 8L	JT NOT	RELATED TO THE	TERMINAL	DISEASE	CONDITION GI	EN IN PA	RT 1(a) 1		
ICATION	10.00	1 . 10	0	1	· A'	0 4 0	11.0						RMED?
IFIC	20a. ACCIDENT WAS	UNDERLYING I	20b. DESC	CIBE HOW INJURY OCCUR	RED. (En		ry in Part I						
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH		GARLES AND		ner motore ar mjo	.,						
CAL	20c. TIME OF INJURY	Month, Day, Yeo	r 20d. It	NJURY OCCURRED 20e.	PLACE C	OF INJURY (Home	, farm, 20	Of. (City	ar town)		(County)		(Stote)
MEDI	Hour o.m.	19	While	Not while	tactary,	street, affice bldg)., etc.)						
2		it I attended the		ed fram. /- 15		. 1960 . to	1	1-1	7 19/00	that I le	ast say	v the d	eceased
				(oc), and that deal			Ph	A	•				
									eet, city or town,				E SIGNED
	ACTUAL SIGNATURE	with	عب	P-James	_ M.D.	4	чен	Cen	ten St			1-1	7-60
	PHYSICIAN'S NAME (Type)	Wil		PIames			umb		land		h	d	P
22	BURIAL, CREMATION	1/20/19		22c. NAME OF CEMETERY Zion Memor					ion (City, town, berland			(Stot	e)
23.	FUNERAL DIRECTOR'S Byron			berland, Mo	1.		REC'D BY	REGISTR	RAR 24b. REG		IGNATU		

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1. PLACE OF I		000	MARYL		2. USUAL RE			sed lived. If instit b. COUNT		ega:		
b. CITY OR	TOWN (It autside corporate limits, wr	He RURAL	c. LENGTH OF STAY IN	V 1b				porote limits, write	RURAL ond	give nea	rest town)	
	erland		50yrs		2 Cum	berl	and					
d. NAME O	F HOSPITAL OR INSTITUTION	(If not in hos	pital, give street address)		d. STREET					1	. IS RESIDEN	
	Prince Geor	ge St	reet		504	Prin	ce Ge	orge St	reet		YES NO	
3. NAME OF DECEASED		rst	Middle		Los	it	4. DATE OF	Mani		Day	Year	
(Type or pri	. Helli	4		ike			DEATH	Janua			1960	
5. SEX	6. COLOR OR RACE		D . NEVER MARRIED		ATE OF BIRTI			9. AGE (In years last birthday)			UNDER 24 H	HRS.
A M	W	WIDOWED		- 1 1	lov.		1896	63 yrs.				
during most	CCUPATION (Give kind of work of working life, even if retired)										WHAT COUN	TRY
Sales		Wn	olesale Di	rug	Co :	ren I	итте	, W.Va.		USA		
13. FATHER'S				1	4. MOTHER'S							
	rge H. Spike				Dora	E1.	len C	asto				
[Yes, no, or unkno	ASED EVER IN U. S. ARMED FO			-	DRMANT	~ • 1	-	Address			. 0.4	
No		2,	14-05-467	Mary	7 K. S	Spike	er 5	04 Prin	ce Ge	org	3 DC.	
	OF DEATH [Enter only one co	use per line t	for (o), (b), and (c).]	100						INTERVA ONSET	daen	
PAF	IT I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c)	Coronary	Occ	lusio	n				Su	daen	
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	ns, if ony, which) (b	1	Coronary	Sc	leros	is				*		
	to immediate cause DUE TO				11 2 16							
couse los)										
PAR PRIMARY I CAUSE OF	T II. OTHER SIGNIFICANT COM	IDITIONS CO	NTRIBUTING TO DEATH	8UT NO	RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PART		WAS AUTOP	37
	NAL CAUSE WAS or CONTRIBUTING DEATH.	Ob. DESCRIBE	HOW INJURY OCCURRE	ED. (Ente	r noture of in	ijury in Por	rt I or Part II	of item 18.)	5.4			
20c. TIME Hour	OF INJURY Month, Day, Ye	or 20d. II	NJURY OCCURRED 20e.	PLACE	OF INJURY (Home, form	n, 20f. (City	y or town)	(Cour	nty)	(Stot	e)
Hour	o. m. p. m. 19	While at wor		foctory	street, office	bldg., etc	.)			9-13		8
	rtify that I took charge			ohove	held on	Autons	v D i	nspection X	Inquin	. LA	and Cod (h
	esulted from: Notural			Suicio		lomicide	_	ndetermined o			ond find t	na
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SIGNATU	& LIMINGE	1 2	Marelle	A	n.v.		AL EXAMINE					
EXAMINE NAME (Ty	Benedict	Skita	arelic, M.	D.			EXAMINER.		ry 13	3, 1	960	
220. BURIAL, C	REMATION, 22b. DATE THERE	OF	22c. NAME OF CEMETER	Y OR CR	EMATORY	- 0 ;	22d. LOCA	TION (City, town,	or county)		(State)	
Burial		0	St. Mary	Cem	16 75		Cu	mberlan	d.Mar	vla	nd	
23. FUNERAL D	RECTOR'S SIGNATURE ES F. SCAPE	lli C	umber Land	3.5 -		24a. REC'	D BY REGIST		STRÁR'S SIGI			
o em	ca r. ncarbe		Jamper Della	السر و	•	DATEAN	1 5 '60	anti	wn 8. th	acid		

VS. A1SME(S) 5M 9/55

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14-054 the Marie of the American Committee of the Committee of t

death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

TO HOSPITAL

VS A1S (4) 1SM 9/SB

the registrar priar ta burial, crematian, or remaval, and in ony event within 72 hours aftg

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2800

MARCO

	Dist		U	U	$\{J$	0	
200	Diet	No			-		

1.	PLACE OF DEATH				1.00		SUAL RESID	ENCE (Whe	ere deceose	d lived. If insti		dence bet	ore admiss	sion)
	A 79 79	Legany	-16	OF U	MARYLAND		7.5	arvla	and	b. CO01	Amm	gan	v	
1	b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH C	OF STAY IN 18	b c				rote limits, wri	te RURAL o	nd give n	earest tow	n)
-	Frostbur			25	yrs.	2:	2 Fro:	stbui	rg					
	A NAME OF HOSE	ITAL /If not in hospital a	ive street	oddress)		1	d. STREET AL	DDRESS					e. IS RES	SIDENCE FARM?
	158 Mech	nanic Stre	et				158	Mech	nanio	Stre	et		YES [NO DK
3.	NAME OF	Fir	st		Middle		Last		4. DATE		Month			Yeor
	DECEASED (Type or print)	Theodore			R.	St	ampe:	r	OF DEATH		1	2		19 60
S.	SEX	6. COLOR OR RACE	7. MARE	RIEDA NEVER	MARRIED [TE OF BIRTH			9. AGE (In ye	ors IFUN		R IF UND	
	M	C	WIDOWI	-	OIVORCED	100	-25-19	900		lost birthdo	yrs. Mont	ns Doys	Hours	Min.
10	. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSI	INESS OR INI	DUSTRY	11. BIRTHPLA	ACE (State of	or foreign o	ountry)	12.	CITIZEN	OF WHAT	OUNTRY?
R	during most of wo	Emplovee	E	3 & 0.	R.R.		Erin	Ter	nness			TT.	S.A.	
	FATHER'S NAME	mprogoo		/ 00 0 .	10010	14	MOTHER'S	4		,00			D + 41.0	
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-	Ned Stam		eres la c			101500	Sally	7 (unk	nown)	4.1.1			
	BS, no, or unknown)	/ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)			INFOR	MANI				Address	ost	ourg	, Md .
L	No	None	41	2-01-9	3007	arn	ell I	. St	ampe	r, 158	3 Med	han	ic S	t.,_
Г	1B. CAUSE OF DE	EATH [Enter only one co	use per li	ne for (o), (b),	ond (c).]		1		- 1	0	1	. Z	TERVAL BE	TWEEN
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	,	Ce	rev	12	e e	ale	ce	dent			100	
	443X	DUE TO			-		0	0'		1	0	7 -		1
	Conditions, if	ony which)	0	Lelhon	Aous	we	Can	de	00-sc	ward	dise	2027	Lla	war -
	gove rise to	immediate DUE TO)	011	Osbe								7	
	lying couse lost	g the <u>under-</u>	7,750									20		
z		THER SIGNIFICANT CON		CONTRIBUTING	TO DEATH E	RUT NOT	PELATED TO	THETERAIL	NAI DISEAS	E CONDITION	GIVEN IN	PART I(o)	19. WAS	AUTOPSY
100	1 441 111 0	THER STOTAL TEATY COT	51110143	CONTRIBOTING	J TO DEATH	0011101	KED TIED TO	THE FERMIN	THE DISERS	e contonion	OTTER IT	.,	PERFO	DRMED?
FICA	20. ACCIDENT	W.C. LINIDERIUM DO FI	201 DEC	CRIRE HOW IN	HINDY OCCUP	DDED (F		1-11- 0	lant I am Pag	All of Stom 10	1		YES _	NO
ERT	OR CONTRIBUTIN	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CKIRE HOW IN	NJURY OCCUR	KKED. (En	ter noture of	injury in r	orr I or For	t II of item 18.	,			
AL O	20c. TIME OF INJU		204 11	NJURY OCCUR	DED 20e	PLACEC	OF INJURY (H	lome form	20f (Cib	or town)		(Count	4	(Stote)
MEDIC	Hour o. m	10	While	_ Not whil	le		street, office			y or lowing		(Coom	"	(Siole)
Z	p. m		ot wor	_	<u> </u>		p- 9 "	- 0	4/2	9	10			
	21. I certify	that I attended the	deceas	ed fram!	17-20	2	, 1922	, ta 10	w.2	194	Lithat	l last so	w the c	deceased
	alive an	an 26	, 19	60, an	d that dec	ath acc	urred at			the causes		the da		
		0.0	R	0	ŧ			2	ADDRESS (S	treet, city or to	wn, stote)		DA	TE SIGNED
	ACTUAL SIGNATURE	John	D,	Now	co,	M.D.		of h	3 RO	19 du	ax 1	ROSI	O4RG	Milles
			5	D A	(/	- 1	1				17-1		J,	6
1	PHYSICIAN'S NAME (Type)	JOHN	1 6	JI DF	4V15,	M.L),							-
22		ION, 22b. DATE THEREC)F	22c. NAME	OF CEMETERY	OR CRE	MATORY		22d. LOCA	TION (City, to	wn, or cour	ity)	(Sto	te)
	REMOVAL (Specif	7) 1-27-196	30	Frost	-hame	Man	orial	Dal	1- Fr	ostbur	0	717)		Ma
23	FUNERAL DIRECTO			ADDRES		recili	OLT NT	24a, REC'I	BY REGIS		EGISTRAR'	SIGNAT	URE	TALL O
70	2004)	Hafe	r F	uneral					N 2 9 '		arthur			
YV	euch 18. 6	whiteeny 23	IM.	oin.				VAIE JA	14 4 9 1	00	mound	A. 14	alla	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Oney CERTIFICATE OF DEATH

04084

L	0(10%			Keg. Dist. No.
	o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)	and b. COUNTY	on: Residence before admission) Allegany
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, write R	tURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give stree	t oddress)	/d. STREET ADDRESS Dudle	y Street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Ella First	Middle	Starkey	4. DATE Mor OF Janua	
	Female 6. COLOR OR RACE 7. MA White Whov		August 5,1	9. AGE (In years lost bullhday) yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done dying most of working life, even if retired)	Own Home		or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME William Kepli	nger	14. MOTHER'S MAIDEN N	Treneum	
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 11(Yes, no. or unknown) [If yes, give war or dates of service]	Mı	rs. Thomas	_	onaconing, Md.
	18. CAUSE OF DEATH [Enter only one couse per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate couse (c), stating the underlying couse lost.	ine for (p), (b), and (c).) Le bral Sce Enterios Cles Lyperteus	Daughter" ocular () osis	acident	JOOLS Years
	□ OR CONTRIBUTING □ CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT			VEN IN PART I(o) PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. Whil		ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
	21. I certify that I attended the decedative an 27 , 19 ACTUAL SIGNATURE PHYSICIAN'S FAMILY PHYSICIAN'S PHYSICIAN'	(c), and that death			,that I last saw the deceased and on the date stated above. DATE SIGNED 1.28.6
15.7	POTENTIAL CREMATION, 22b. DATE THEREOF 1/30/60	200 NAME OF CEMETERY OF MEMORIAL P	CREMATORY CARK	22d. LOCATION (City, town, Frostburg	county) Md.
1	3. FUNERAL DIRECTOR'S SIGNATURE George Eichhorn	ADDRESS Lonaconing,	9.0	amon d	STRAR'S SIGNATURE

TO HOSPITAL O VS A15 (4) 15M 10/57

BERRY CERTIFICATE OF DEATH Kinga III. on the TOTAL CALL ben ismail, mishail consilves asistical The Thomas we had a home to support the than the one of the street of the Art of the street of the AM TENENTAL TENENTAL MARKET TENENTAL MARKET avio e file a ross . De . meingonnoi

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00085

008	7					Reg. Dist. N	lo.	
1. PLACE OF DEATH o. COUNTY		2. USUAL RESI	DENCE (W	here deceosed	lived. If institution	n: Residence b	efore odmis	sion)
Allegany	MARYLAND	O. STATE	Mary	land	b. COUNTY	Alleg	gany	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If	outside corpore	ote limits, write RU	RAL and give	nearest tow	n)
Cumberland	38 yrs.	02	Cumb	erlan	d			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET A		TT 1.2	2 01		ON A	SIDENCE A FARM?
136 Humbird St.		11 '	136		rd St.		YES L] NO [3]
3. NAME OF First	Middle	Los		4. DATE	Month		Day	Yeor
(Type or print) Bert	н.	Sulse	r	OF DEATH	Jan		7	19 60
6. COLOR OR RACE 7. MARR	IED MEVER MARRIED	8. DATE OF BIRT	н		9. AGE (In years lost birthdoy)	IF UNDER 1 YE		1
Male White WIDOWE	DIVORCED	Sept.	23.	1887	72 yrs.	Months Doy	rs Hours	Min.
0a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDL	JSTRY 11. BIRTHPL	ACE (Stote	or foreign co	untry)	12. CITIZEN	OF WHAT	COUNTR
Retired Engineer F	Railroad	Mc	oref	ield.	W. Va.	US	A	
3. FATHER'S NAME	to 111 out	14. MOTHER'S					702,	
James William Sul	ser	Marv	Fra	nces	Wilkins			
		INFORMANT	2 4 6	11000	Addre			
Yes, no. or unknown) (If yes, give war or dates of service)			rt S	ulser	,Cumber		Md.	
18. CAUSE OF DEATH [Enter only one couse per lin							NTERVAL BE	
PART I. DEATH WAS CAUSED BY:	7/1-	· enn	12			0	NSET AND	
IMMEDIATE CAUSE (o)	1							
	Paresan	mue	01	1	11		7	100
Conditions, if any, which gove rise to immediate	20000		1	Oregi				YUZ
couse (o), stoting the under-								
lying couse lost. (c)							Jan Maria	
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	I NOI KELATED TO	THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(o	PERFC	DRMED?
5							YES _	NO 🔀
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURRI	ED. (Enter noture o	f injury in	Port 1 or Port	II of item 1B.)			
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While of worl	NJURY OCCURRED 20e. P	LACE OF INJURY	Home, form	n. 20f. (City	or town)	(Coun	ly)	(Stote)
Hour o. m. While of worl	1401 MBILE	octory, street, office	e bldg., etc	:.)				
				1	- /:			
21. I certify that I attended the decease				yan ,		that I last		
alive on 19 . G . 19	60, and that death	h accurred at_	9:02					
00 8	F ve			1	eet, city or town, s	tote)	D	ATE SIGN
SIGNATURE CLEENTLE	Surrect	M.D. 23	o Ud	. CEER	Carr	beckan	-0200	1/8/
PHYSICIAN'S Dr. Clay E. I	Ourrett.MD							
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		224 LOCATI	ION (City, town, or	County!		4-1
REMOVAL (Specify)			Day	1		7 207	(Stol	iej
Burial Jan. 10, 1960		Durial			mberlan			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	ra	240. REC	D BY REGISTE		TRAR'S SIGNA		
James F. Scarpelli, Co	umperiand, a	II.C.	DATE	N 1 2 160	(Cat	Lun S. Kro	aud	

	STATE DEPARTMENT OF HEALTH-SALTIMONE, 10	
K 6 (1) (1) (1)	CERTIFICATE OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00086

0088 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		100			2. USUAL RESIDENCE	E (Where	deceased	lived. If instituti	on: Reside	nce befo	re odmiss	ian)
a. COUNTY	Allegany		MARYL	AND	o. STATE Ma	ryl	and	b. COUNTY	A	lle	gany	-
b. CITY OR TOWN RURAL and give	(If autside carporate limits	, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	(If autsi	ide carpor	ate limits, write R				
Frost			60 yrs.		22 Fr	ost	burg					
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, giv	ve street a	ddress)		d. STREET ADDRE						e. IS RES	FARM2
	's Hospita	1			16	8 W	. Ma	in Str	eet			NO
3. NAME OF DECEASED	First		Middle		Last	4.	DATE	Man	th	Do	ıy `	Year
(Type ar print)	An	thon	У		Taccin	10	DEATH	Januar	У			1960
S. SEX	6. COLOR OR RACE	7. MARRI	ED A NEVER MARRIE		DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER		IF UNDE Haurs	R 24 HRS. Min.
Male	White	WIDOWE	DIVORCED		oct.27th	,187	76	83 yrs.	Mollins	Days	Hauts	Will.
10a. USUAL OCCUPAT	ION (Give kind af wark do trking life, even if retired)				RY 11. BIRTHPLACE (State or f	fareign ca	untry)	12. CIT	IZEN O	F WHAT C	OUNTRY?
Ret-Stor	ekeeper	Gr	ocery Sto	re	Ita	ly			11.50	US	A	
13. FATHER'S NAME					14. MOTHER'S MAIL							
Mich	ael Taccin	10			Mary	Sico	oli					
1S. WAS DECEASED EV (Yes, no, or unknown)	'ER IN U. S. ARMED FORC		OCIAL SECURITY NO.		ORMANT			Add				F'b
				Mr	s.Julia .	A. 1	lacc:	ino, 168	W.N	lair	St	.Md.
PART I. DE 578 × Conditions, if gave rise ta cause (a), stating lying cause last	immediate DUE TO	Gr.	astroint	egh	wal the	Cull	mba	ge-			SET AND	na.
PART II. O	ther significant cond	ar Car	1. 1/2.	TH BUT N	OT RELATED TO THE	TERMINA	L DISEASE	CONDITION GIV	EN IN PA	RT 1(a)	PERFO	AUTOPSY RMED?
	AS UNDERLYING DEATH G CAUSE OF DEATH Y MEDICAL EXAMINER)	ROB. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature af inju	ry in Part	t I ar Part	II of item 1B.)				
20c. TIME OF INJU-	10	While	JURY OCCURRED Nat while at work	20e. PLAC facto	CE OF INJURY (Hame ary, street, affice bldg	ferm, j., etc.)	20f. (City	ar town)		(Caunty)		(State)
alive an	hat I attended the company of the co	19	and that	death	.D. 4	B Br	, fram to DRESS (Str		d an th	e date	e stated	
22a. BURIAL, CREMATI	ON, 22b. DATE THEREOF		22c. NAME OF CEME	TERY OR		22	d. LOCAT	ION (City, tawn,	ar caunty)		(Stat	e)
Burial Specif	1-30-60		St. Mic	hae	l's Ceme	terv	F	rostbur	g.		Mo	l.
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS				Y REGISTI	RAR 24b. REGI	STRAR'S S		RE	
Joseph :	R. Durst.	Fre	stburg,	Md.	DAT	E FEB	1 '6	60 a	Muy 2	. Tho	44	

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior ta burial, crematian, ar remavol, and in any event within 72 haurs after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL VS A1S (4) 1SM 9/SB

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::	cute the ce ste, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral difference. Page 4 should be	forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian,	
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VS. A15ME(5) 5M 9/55

		WE	DICA	L EXAMIN	ER'S C	ERTIFICAT	E OF	DEATH	Reg. D	lst. No	00	087
1. 6	Allegany		0007	MAR	11	SUAL RESIDENCE (W. STATE Mary)		b. COUNT	v	ence be		ission)
ь	cumberland	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b c	Cumberlar		porate limits, write	RURAL an	d give n	earest ta	wn)
d		art Hospit		pital, give street addre	ss) d	STREET ADDRESS	Stree	t			ON	A FARM?
-[NAME OF DECEASED Type or print)	Fin Ch	arles	Middle Viro	: 1	Lost Thomas	4. DATE OF DEATH	Mont	h	Doy 30		1960
5. S	Male	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRIE	8. DATE	of BIRTH ruary 16,	1919	9. AGE (In years lost birthday)	Months	1YEAR Days	IF UND Hours	ER 24 HRS Min.
10o.	USUAL OCCUPATION uring most of working Cab Driv		dane 10b. I	KIND OF BUSINESS OR	INDUSTRY 11	BIRTHPLACE (Slote Prostburg	or foreign o	yland		IZEN O	F WHAT	COUNTRY
13.	FATHER'S NAME	William R	. Tho	mas	14. N	NOTHER'S MAIDEN N		Workman				
(Yes,		R IN U. S. ARMED FO		SOCIAL SECURITY NO	. 17. INFORM	Patient	's Cha	Address				
	PART I. DEATH	I (Enter only one cau I WAS CAUSED BY: MMEDIATE CAUSE (a)	A	for (o). (b). and (c).} cute Cardi	ac Fail	ure					Hrs	
	490 X Canditians, if an gave rise to immedi (a), stating the vi cause last.	ate cause	I	obar pneum	onia						?	
TIFICATION	20g. EXTERNAL CAUS	Severe	Kyph	ONTRIBUTING TO DEAT OSCOLIOSIS E HOW INJURY OCCU					EN IN PAR		9. WAS A	AUTOPSY PRMED?
MEDICAL CERTIFI	PRIMARY or CON CAUSE OF DEATH. 20c. TIME OF INJURY Hour o. m. p. m.		While			INJURY (Home, farm set, affice bldg., etc.		or town)	(Co	unty)		(State)
			_	remains describe Accident tarelia		CHIEF MEDICAL EX	, UI			45	DATE S	find the
220.		r. B. Skit		22c. NAME OF CEMET			22d. LOCA	Januar	ar caunty)	190	50 (State	e)
-	urial	Feb. 2.	1960	Rose Hil	1 C		Cumba	rland, l	I			

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00089

Reg. Dist. No.

	1. PLACE OF DEATH 0. COUNTY			there deceased lived. If institu	otion: Residence before admission)		
1	Allegany	MARYLAND	o. STATE Mary	land b. COUNT	Allegany		
	b. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest tawn)		
	Frostburg	10 Years	22 Fros	tburg.			
20	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d, STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
19	D.O.A. Miner's Ho	spital	Powe	ll's Lane	YES NOX		
	3. NAME OF First	Middle	Lost	4. DATE Month	h Day Year		
	(Type or print) Evelyn	Marie	Troutman	DEATHJanuary	22nd, 1960		
	5. SEX 6. COLOR OF RACE 7. MARRIEI	D NEVER MARRIED 8.		9. AGE (In years fast birthday)	IF UNDER TYEAR IF UNDER 24 HRS.		
	Female White WIDOWED	DIVORCED A	pril 5th,1	924 35 yrs.	Months Days Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY		
	Housewife Own	n housework	Marylan	d	USA		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
	Roy Winebrenner		Bessie P	orter			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT	· Address			
		Jo	hn E. Trou	tman, Powell	's Lane, F'bg. Md		
	18. CAUSE OF DEATH [Enter only one couse per lime for	or (o), (b), and (c).]	4 ,	1	INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronary 1	hrombo	0515	6/11/5		
	420.1 DUE TO	/	1		7 2		
	Conditions, if any, which) (b) CONOMANY SALPROSIS						
	gave rise to immediate cause (a) stating the underlying DUE TO						
	cause last. (c)						
	PART II, OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	PERFORMED?		
2	PART II, OTHER SIGNIFICANT CONDITIONS COI				YES NO		
	I M I PRIMARY LI OF CONTRIBUTING LI	HOW INJURY OCCURRED. (En	nter noture at injury in Port	f or Port II of item 18.)			
	20c, TIME OF INJURY Month, Day, Year 20d, IN While of worl	Not while 20e. PLAC	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)		
		k ot work					
	21. I certify that I took charge of the re	emains described above	re, held an Autapsy	, Inspection X.	Inquiry X, and in my		
	apinion death resulted fram: Natural co	auses X. Accident], Suicide [], H	lamicide 🔲, Undete	rmined manner		
	111 6 Smal						
	ACTUAL SIGNATURE	me_	M.D. CHIEF MEDICAL EX	AMINER []	JAM 7 4 DATE SIGNED		
,	EXAMINER'S		ASSISTANT MEDICA	L EXAMINER			
2	NAME (Type) W. O. McLane	a	DEPUTY MEDICAL E	XAMINER DK	1960		
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR C		22d. LOCATION (City, town, o	or county) (Stote)		
	Burgial 1-25-60	F'bg.Memoria		Frostburg,	Md.		
	23. FUNERAL DIRECTORY SIGNATURE	ADDRESS			STRAR'S SIGNATURE		
	Joseph R. Durst, Fro	stburg, Md.	DATE	126'60 Clas	Thur S. Krue		
	/ A /						

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VS. A15ME(S) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. () () () () ()

	1. PLACE OF DEATH a. COUNTY Maryland Allegary MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany						ssion)		
	b	Cumberla	Ilf outside corporate lin	nils, write RURAL	///	hours			Rura	porate limits, v				wn)
0		Memorial			n hospital, give	street address)	/d. STREET	ADDRESS 1, Bo	x 60				ON	A FARM?
	-1	NAME OF DECEASED (Type or print)		First		Middle	Los	st	4. DATE OF DEATH		lanth	Day		ear
	S. S	SEX		RACE 7. M	ARRIED NE		8. DATE OF BIRTI	Object of		9. AGE (In year lost birthday)				960 ER 24 HRS. Min.
	10a	emale USUAL OCCUPAT Juring most of work	ION (Give kind of	work done	- Const		January STRY 11. BIRTMPI	LACE (State	or foreign o			TIZEN O	F WHAT	COUNTRY?
)	n	EVER WOR					Oldt		Maryl	and	Į	ISA		
	15.	Enery Va WAS DECEASED E			16. SOCIAL SE		INFORMANT	ma Go			lress CO	01	34	. Ma
		IR CAUSE OF DE	ATH [Enter only o	ne couse per	none		ery Van	Mete	r, Kt	. 1, B	ox 60,		RVAL BETWE	
			ATH WAS CAUSED	BY:		iation						ONS	ET AND DEA	TH
	1	5/7X Canditions, if	ony, which)	JE TO (b)	Aspira	tion of	Blood						tt	
	1	gave rise to imm (a), stating the cause last.		(c)	Bleedi	ng tons	illar	foss	9				11	
2	CERTIFICATION		ther significant		IS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO	THE TERM	INALDISEAS	E CONDITION	GIVEN IN PA		P. WAS PERFO YES .	AUTOPSY RMED?
		20g. EXTERNAL CAPRIMARY OF COLORS OF DEATH	ONTRIBUTING []	20b. DES	CRIBE HOW IN	URY OCCURRED.	(Enter nature of i	njury in Par	t I ar Part II	of item 18.)				
	MEDICAL	20c. TIME OF INJ Hour a. m p. m		1 111	ROd. INJURY OC While Noi of work at v		ACE OF INJURY (story, street, office			y or tawn)	(C	aunty)		(State)
			that I took ch d from: Nat		_	described obident , Su		Autops Iomicide	-	nspection j ndetermine	-	iry 🛛	, and I	find that
2	actual Senedict Skitarelis M.D. CHIEF MEDICAL EXAMINER - ASSISTANT MEDICAL EXAMINER -									DATE S	IGNED			
المان		EXAMINER'S NAME (Type)	enedict	Skit	arelic	M.D.				k Janu	ary 2	27.	1960	0
	В	BURIAL, CREMATI REMOVAL (Specif Urial	Jan.		0 01dt	own Meth		ery	22d. LOCA Oldto		legany	Co		
1		ohn J. I		umberl	and, Ma	all year			D BY REGIST	RAR 24b. R	Cuthun.	IGNATU	RE	

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VS A1S (4) 1SM 9/S8

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	PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	a. STATE	rland b. COUNTY		
-	b. CITY OR TOWN (III	f outside corporate limi earest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside carporote limits, write	RURAL ond give	nearest town)
	Rt. 2	, Frostbu		30 Yrs.		rostburg		
	d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, g	give street a	ddress)	d. STREET ADDRÉSS		101	e. IS RESIDER
3.	NAME OF DECEASED	Fir		Middle	Lost	OF .		Day Year
	(Type or print)	J	ohn	Joseph	Villa	DEATH Januar	y 19t	
S. S	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		Months Day	AR IF UNDER 2
	Male	White	WIDOWED		July 16th,1	.900 51 yrs		s Haurs
10a	. USUAL OCCUPATIO	N (Give kind of work	dane 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or fareign country)	12. CITIZEN	OF WHAT COU
C.	uring Ro	OM	n A	re Co.	field Peni	nsvlvania	US	LA.
	FATHER'S NAME		4.0	LI 0 00.	14. MOTHER'S MAIDEN N			
	John Vil	la			Julia Kom	20 + 6		
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	INFORMANT		dress	
(Yes	Yes	(If yes, give war or dotes of s WW2		-09-6425 MI	s.Martha D.	W4119 Rt 3	Frost	hara M
		TH [Enter only one co			d d	V 2. 1. 10 . 2	-	NTERVAL BETWI
		TH WAS CAUSED BY:	W	100000	- //110.	10 in 10		NSET AND DE
	119.0	IMMEDIATE CAUSE (o	1 10	elana.	in color	noma pu	ain	200
	163X	DUE TO	N		Year			15m
	Conditions, if a	ny, which) (b	, Ca	renom	a Jung			10 114
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	gove rise to it couse (o), stoting)		-/			
7	gove rise to it couse (o), stoting lying couse last.	the <u>under-</u> DUE TO)		V			
NOI	gove rise to it couse (o), stoting lying couse last.	the <u>under-</u> DUE TO)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition gi	IVEN IN PART 1(a) 19. WAS AUT
ICATION	gove rise to it couse (o), stoting lying couse last. PART II. OTH	the <u>under-</u> DUE TO {c)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	nal disease condition gi	IVEN IN PART 1(a) 19. WAS AUT PERFORMI YES N
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	11.31-22				

CERTIFICATE OF DEATH

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3					keg. Dist, 140.
1	1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	A STATE -	ere deceased lived. If institutions yland b. COUNTY	Residence before admission) Allegany
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland	60 years	c. CITY OR TOWN (IF of	utside corporate limits, write RUR	(AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street of National All No. Centre St		d. STREET ADDRESS 412 N.	Centre St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) EDNA	Middle WEBS	Lost STER	4. DATE Month OF Jan. 1	
1	Female White WIDOWE	DIVORCED [B. DATE OF BIRTH March 7, 188	lost birthdoy) A	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) House	KIND OF BUSINESS OR INDUS	Round Top	or foreign country) O, West Va.	USA
	13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN N	Unknown	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no. or unknown) Iff yes, give war or dates of service)		bert C. Web	ster, Cumber	land, Md
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 44.43 × DUE TO Conditions, if ony, which gove rise to immediate	Myocardia ypstensin	e Degone	Vasoular De	INTERVAL BETWEEN ONSET AND DEATH
-	Codse (a), stoting the under DUE TO Iying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CODE 200. ACCIDENT WAS UNDERLYING 200. DESCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		Not while toc	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	, 20f. (City or town)	(County) (Stote
,	21. I certify that I attended the decease alive an 1944 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) LEO Hr L	ed fram.			that I last saw the deceased an the date stated above the date sta
	220. BURIAL, CREMATION, 22b. DATE THEREOF Jan 15 1960	22c. NAME OF CEMETERY OF Hillcrest B	CREMATORY Burial Park	22d. LOCATION (City, town, or A Cumber Land	
	23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight	Cumberland,		A	RAR'S SIGNATURE

TO HOSPITAL

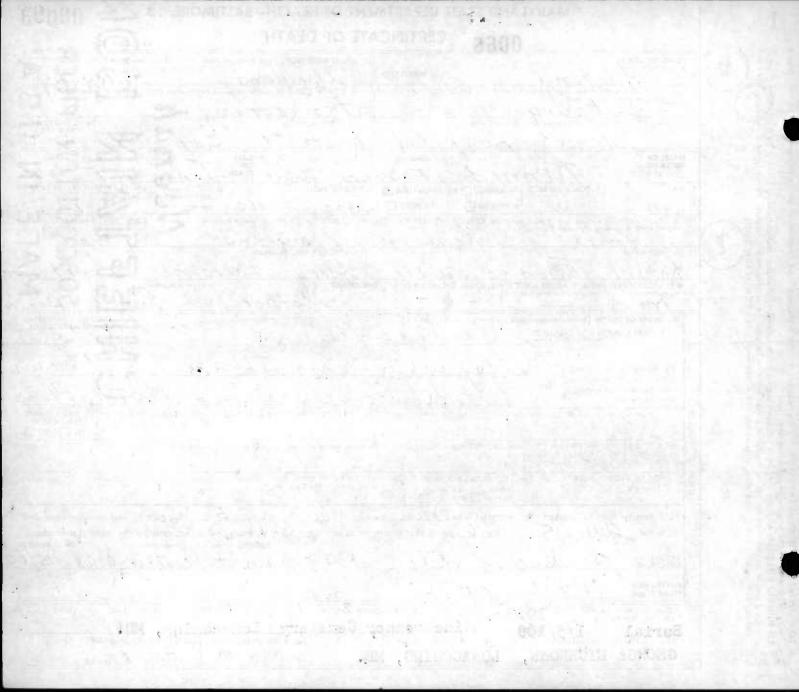
attending physician and campletely filled in by the funeral director, n please remove carbon papers. Pages 1 and 2 shauld be filed with

rmit. Then please remave carbon papers. any event within 72 hours after death.

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Rea. Dist. No U-U-11-4 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Allegany b. COUNTY MARYLAND Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frostburg Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION 49 E. Main Street Allegany County Infirmary YES NO IN NAME OF 4. DATE Middle Year DECEASED Welsh 31 19 60 (Type or print) Annie E. DEATH January IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours 92 DIVORCED [Female White WIDOWED I YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U. S. A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob McKenzie Fannie Christner INFORMANTP. O. BOX 599 Address Cumberland, Md. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Allegany County Infirmary Records 1B. CAUSE OF DEATH [Enter only one couse per line for a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) o. m. While Not while ot work of work __.that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred a 10:15AM am the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, stote) ACTUAL 160 Greene St. Cumberland, Md. PHYSICIAN'S E. McLean James NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Md. St. Michaels Cemetery Frostburg 23. FUNERALL DIRECTOR'S SIGNATURE 12 1 ADDRESS 24b. REGISTRAR'S SIGNATURE Home 24g. REC'D BY REGISTRAR arthur & Kraus Frostburg. Md. DATEEB 4

0 VS A15 (4) 15M 9/58

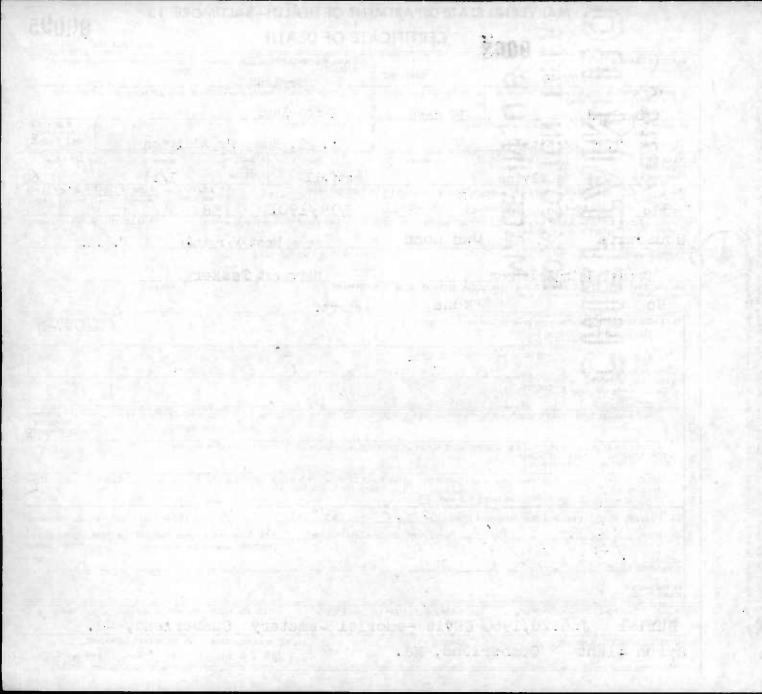
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09/1/2	.dE on	1/2	5/7/8	/30/50	

TO HOSPITAL

VS A1S (4) 15M 9/5B

CERTIFICATE OF DEATH

Reg. Dist. No.
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE b. COUNTY Maryland Allegany
Maryland Allegany 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland / d. STREET ADDRESS e. IS RESIDENCE
ON A FARM
Rt. #1, Bowman's Addition YES NO.
Last 4. DATE Manth Day Year
Westfall DEATH 1/18 19 6
B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
lost birthody) Manths Davs Haurs Mir
NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
The distribute (state at long) security
West Virginia U.S.A.
14. MOTHER'S MAIDEN NAME
Margaret Tasker
INFORMANT Address
ah amt
chart.
ONSET AND DEAT
is consist - Corcinomo-
- (H Elword
BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP
PERFORMED?
YES NO
JRREDL/Enter nature af injury in Port I ar Part II af item 18.)
PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (Sto
factory, street, affice bldg., etc.)
0, 19 <u>57</u> , ta
eath accurred atM, fram the causes and on the date stated abo
ADDRESS (Street, city ar tawn, state) DATE SIG
M.D
RY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (State)
norial Cemetery Cumberland, Md.
24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
ER ER



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

00096

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

N

PLACE OF DEATH

death. Poge 4

060

Parent .

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may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hays effer death.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITAL VR A15 (4) 15M 9/59

	ALL	EGANY	MARYLAN	D d. SIA	MARY	LAND	b. COUNTY	ALLEGA	NY	
	CUMBERLAN	D	2 DAYS	6 c. CIT		Fautside carpo	rate limits, write R	URAL and gi		
		L (If not in haspital, give stre HOSPITAL & WARWICK AVE		d. STR	436	SEYMOUR	STREET			FARM?
	NAME OF DECEASED (Type ar print)	MFLVIL	Middle W.	WH	Last	4. DATE OF DEATH	JANUAR		Day 2	Year 19 60
5. 5	MALE		RRIED NEVER MARRIED [B. DATE OF		,1880	9. AGE (In years last birthday) 79 yrs.		YEAR IF UND Days Hours	Min.
_	. USUAL OCCUPATION during mast af warking Retired C	ng life, even if retired)	b. KIND OF BUSINESS OR IN	IDUSTRY 11. BI	THPLACE (State				S.A.	COUNTRY?
13.	FATHER'S NAME ALFRE	D WHITE		14. MOT	HER'S MAIDEN	ARGARET	WOOD			
(Ye		IN U. S. ARMED FORCES? f yes, give war or dates of service)	6. SOCIAL SECURITY NO. 1	7. INFORMANT MEMOR I	AL HOSI	PITAL	CUMBE		MARYL	AND
	PART I. DEAT	H [Enter anly ane cause per H WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).]	nin					ONSET AND	DEATH
	592 X Canditions, if an gave rise to im cause (a), stating the lying cause last.	mediate DUE TO	Chrome &	Home	rulay	rugst	nitis		37	20
CERTIFICATION	PART II. OTHE		S CONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. WAS PERFO YES	OKWEDS
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCU	RRED. (Enter no	ture of injury i	n Part I ar Par	rt II af item 18.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Wh		. PLACE OF INJ factory, street,	URY (Hame, fa affice bldg., e		y ar tawn)	(Co	ounty)	(State)
	saw the decease	- //	nded the deceased from 1957, and the	IIII		257, to_	the causes an			d above.
	22a. SIGNATURE	is b. Ste	gmaier	M.D. PHYS	. 4	MED. DIRECTOR	STAFF PHYS.		6 9	SIGNED 4
	22c. Privisician's NAME (Type)	DR. JAMES STEE	GMA I ER	12	DDRESS .	Contre	St, Cu	mbe	Mond,	made
-	BURIAL, CREMATION REMOVAL (Specify) BULLAT	1, 23b. DATE THEREOF 1-5-60	23c. NAME OF CEMETER Hillcrest				TION (City, town, berland		(Sto	ite)
24. J.	FUNERAL DIRECTOR'S	signature carpe kli	Cumberlar	nd, Md.	25a. RE	JAN 7	TRAR 25b. REGI	STRAR'S SIG		EIA

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	The Court of			

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VS A1S (4) 1SM 9/S8

the registror prior to buriol, cremation, ar removal, and in any event within 72 hours after,

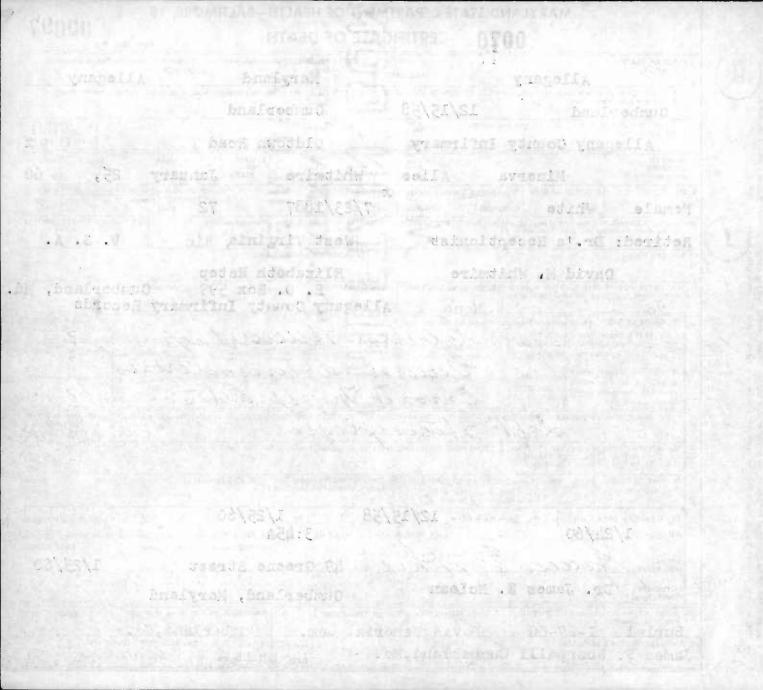
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0070 CERTIFICATE OF DEATH

00097

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Marvl	2110	d. If institution b. COUNTY	n: Residence bef		an)
b. CITY OR TOWN (I RURAL and give ne Cumber	f autside carparate limits, write arest tawn)	c. LENGTH OF STAY IN 16 12/15/58	c. CITY OR TOWN (IF o	utside carporate l	imits, write RU)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stree	at address)	d. STREET ADDRESS	wn Road				DENCE FARM? NO T
3. NAME OF DECEASED (Type or print)	First Minerva	Middle Alice	Whitmire	4. DATE OF DEATH J	Month	05	-/	ear 9 60
s. sex Female	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH 7/23/1887	9. A		Manths Days	R IF UNDE	R 24 HRS. Min.
during mast of work Retired: 13. FATHER'S NAME	N (Give kind of work done 10king life, even if retired) Dr. is Recept Oavid M. Whit		STRY 11. 8IRTHPLACE (Stote West Virg 14. MOTHER'S MAIDEN N Elizabet	ginia I	Rio	12. CITIZEN O		OUNTRY?
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	S. SOCIAL SECURITY NO.		Box 59	9 Addre	Cumber Recoi		1, M
	mmediate (DUS TO	Leveler Chronic	al Heer l Arte myoca	correl rosc rdet	agh lero		TERVAL 8ET AND	
CATIC	Left	CONTRIBUTING TO DEATH BUT	pleged			N IN PART 1(a)	19. WAS A PERFOI YES	NO D
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year 20d. Whil	f.	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	1, 20f. (City or to		(County	1	(State)
21. I certify the alive an 1/2	at I attended the deced 2460 , 19 Millian (C) Or. James E.	and that death	Mo. 49 Green	ADDRESS (Street,	causes and city or town, s	tate)	e stated	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		22c. NAME OF CEMETERY C		and, Ma 22d. LOCATION Cumbe	(City, tawn, ar		(State	e)
23. FUNERAL DIRECTOR' James F.		amberland, Md.	24a. REC'	D BY REGISTRAR AN 28'60	24b. REGIST	TRAR'S SIGNATI		



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		LACE OF DEATH	EGANY		MARYLAND		USUAL RESIDENCE (WI O. STATE MARYLA	ND	d lived. If institution b. COUNTY	on: Residence		ission)
	Ь	RURAL and give ned			GTH OF STAY IN 16		c. CITY OR TOWN (If			URAL and gi	ve nearest to	wn)
	d	CUMBERLAN I. NAME OF HOSPITA ORMESMORGNAL MEMORIAL	AL (If not in hospital, give str. HOSPITAL	reet oddress)	DAYS	,	d. STREET ADDRESS	VAGE,	MD.		ON	ESIDENCE A FARM?
1	D	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mon		Day	Yeor
1		Type or print)	SARAH		Α.	_	WILHELM	DEATH	JANUA	V	4	19 60
	S. SI			AARRIED 1	DIVORCED		NOVEMBER 12		9. AGE (In years last birthday)		YEAR IF UN	_
		FEMALE	44144 1 104	Ardenia			1012110411		Ob yrs.	10 CITIZ	Thi OF MUIA	COLINIANA
	IVa.	during most of warki	N (Give kind of wark dane ng life, even if retired)	106. KIND O	F BUSINESS OR INL	DUSTRY			ountry)			T COUNTRY?
	I	Houseworl	5	0wn h	ome		PENNSYLVA	NIA		U.	.S.A.	
	13. F	FATHER'S NAME				14	. MOTHER'S MAIDEN I	NAME				
1			DIEHL		1000		SUSAN ME	ANS	42 2			
		WAS DECEASED EVER	IN U. S. ARMED FORCES? f yes, give war or dates of service)	16. SOCIAL	SECURITY NO. 17	INFOR	MANT		Add	ress		
	(1.57)	No	None	Nor	ne	MEI	MORIAL HOSE	PITAL	CUMBE	RLAND	, MARYL	AND
		1B. CAUSE OF DEAT	TH [Enter anly one couse p	er line for (o), (b), ond (c).]	20		-	. 1		INTERVAL ONSET AN	BETWEEN
			H WAS CAUSED BY:	16/20	mir 1	1/2	e + 1 - 16 /8	di	12:1		13	127
		422 de DUETO										
		Conditions, if an	/	113	MAC	-1/	07/1	- 0	7	-		
		gove rise to im	mediate	1000	100		1	-	•			-
		couse (a), stoting t	he under- DUE TO									
q	7	lying cause last.	, (c)	NE CONTRIB	LITUIC TO DEATH B	UT NOT		IN IAI DISEAS	r complition on	TO A DA DA DA	2/-> 20 >4/4	Vagorija a
17	101	PART II. OTH	ER SIGNIFICANT CONDITIO	NS CONTRIB	UTING TO DEATH B	UI NOI	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PARI	PER	FORMED?
1	ICA										YES	□ NO 🔼
	Ü	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HO	OW INJURY OCCUR	RED. (Ei	nter noture of injury in	Port 1 or Por	t II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	W				OF INJURY (Home, farm street, office bldg., etc		y or town)	(Cc	ounty)	(Stote)
		21. I certify that	(1) (this haspital) of	ended the	deceased from	12	128 /5 919)ta_	1/4/	6/119	, that (I	(we) last
		saw the decease	1/1	1/2/12		- /	h accurred at 1:		, ,			
		220. SIGNATURE	ed dive dil 17	1-60	, and ma	dean	n dicorred dri	jyi, iruin	The cooses of	id an me	dale sidi	22b. DATE
	(1) 11	Mett	-		M.D.	ATTENDING M	AED.	STAFF			SIGNED
1	4	72c. PHYSICIAN'S			e co	M.U.	22d. ADDRESS	IKECIOK [rnts	17		11
		ALABERT 1	DR. R.J.WILLI	AMS			Conner	here	May	1/1/2	al 1	16/40
	23a.	BURIAL, CREMATION	N, 23b. DATE THEREOF	23c. N	IAME OF CEMETERY	OR CR	EMATORY	23d. LOCA	TION (City, town,	ar county)	(S	tote)
		REMOVAL (Specify)	7/7/60	Fre	stburg	Wen	orial Par	12 E	rostbur	Cr	pal a	1
		Burial FUNERAL DIRECTOR'S						D BY REGIST		STRAR'S SIG	NATURE	-
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	Ne	uear A. Mi	William 23	E. Ma:	in. Fros	COL	irg. Modalan	8 '60	Cirth	47 8 Th	aud	

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 0072

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PLACE OF DEATH a. COUNTY	Allegan	y	MAR	YLAND	2. USUAL RESII	DENCE (WH		lived. If institu b. COUNT		e before odn	nissian)
b. CITY OR TOWN (I RURAL and give no	f autside corporate limi carest tawn) Cumbe:	rland	4 yrs.,1			town (if o		ite limits, write	RURAL ond g	give nearest to	own)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g Sylva:	n Retr			d. STREET A		ntgome	ry Aver	nue	ON	RESIDENCE A FARAY?
3. NAME OF DECEASED (Type or print)	Lydi		Middle Beck		Wils		4. DATE OF DEATH	Janu	enth lary	о _{оу} 17	Year 1960
s. sex Female	6. COLOR OR RACE White	7. MARRIE			Nov. 20			AGE (In years last birthday) 80 yrs	Manths	1 YEAR IF UN Days Hou	DER 24 HRS.
100. USUAL OCCUPATION during most of work Housewit	ang life, even it refired	dane 10b. KI	IND OF BUSINESS O	OR INDUS	_	ACE (State	ar fareign cou	ntry)		ZEN OF WH	AT COUNTRY?
13. FATHER'S NAME	William H.	Galla	gher		14. MOTHER'S		Sill				
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SC	OCIAL SECURITY NO		van Reti	reat F	iëcords		dress		
	TH [Enter anly one ca TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	50	for (a), (b), ong (c) 2 Perl		erar	y C	Tonge	estro	n	INTERVAL ONSET AN	BETWEEN NO DEATH
gave rise to in cause (a), stating lying cause last.	nmediate (450	Gui	era	lar	ter	insc	leró.	zio.	>	Each)
20g. ACCIDENT WA	ER SIGNIFICANT CON 304 C S UNDERLYING D CAUSE OF DEATH	eu	NTRIBUTING TO DE	y Co	rosco	•			IVEN IN PART	PER	S AUTOPSY FORMED?
-	MEDICAL EXAMINER) Y Manth, Day, Yeo 19	20d. INJI While at wark [URY OÇCURRED Not while of work	20e. PLA fact	CE OF INJURY (I	Hame, farm bldg., etc.	, 20f. (City o	r town)	(C	ounty)	(State)
alive anACTUAL SIGNATURE	at I attended the	1, 196	1	death	accurred at.		ADDRESS (Stre		and an th	e date sta	e deceased ited abave. DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial	1/20/60	F	22c. NAME OF CEM		crematory			on (City, town,		(S) rvland	ate)
23. FUNERAL DIRECTOR'S Ruth E. S		Cumber	ADDRESS		land	240. REC'E	BY REGISTRA	R 245 REG	ISTRAR'S SIG	NATURE	

TO HOSPITAL VS A15 (4) 15M 10/57

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35 P.C.	VX Table Va	med at		
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		Comments in a	 .mmo.ca doud	
			STORY WAS ASSESSED.	

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5 TO HOSPITAL of ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau		👺 ro Funeral Director: After this certificate has been signed by the attending physician and campletely filled in 1	ges 1	
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1		MARYL	AND ST	ATE DEPAR	TMENT OF H	EALTH	H-BALT	IMORE, 18		
			0073	CERTIFI	CATE OF D	EATH	Н	R	Reg. Dist. No.	0100
1.	PLACE OF DEATH o. COUNTY	Allegany		MARYLAI	o. STATE	ence (Wi		lived. If institution: b. COUNTY	Residence befor	
	RURAL ond give n	If outside corporate limi earest town)	ts, write c. L	ENGTH OF STAY IN			stone	te limits, write RUR	AL ond give nea	rest town)
		TAL (If not in hospitol, g Allegany			ary d. STREET A	oute	#2			ON A FARM? YES NO M
3.	NAME OF DECEASED (Type or print)	Fir Mary		Middle Ann	Wil:		4. DATE OF DEATH	January	29 ·	Year 19 60
]	sex Fomalo	6. COLOR OR RACE White	WIDOWED [DIVORCED [4/1/1	882		77 yrs.	UNDER 1 YEAR Months Days	
	Housew:	ON (Give kind of work of king life, even if retired	done 10b. KIND	OF BUSINESS OR I	Mar	yland	, Mur	ntry) leys Bra		S · A ·
13	. FATHER'S NAME	Thornton	Wilson	n.	14. MOTHER'S	Suss	annah			g AL
	. WAS DECEASED EVE es, no, or unknown]	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	al security no.	Allegan					rland, Mords
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per line for)	(0) (b) ond (c).]	wary	1/4	400	etasi	INTE	RVAL BETWEEN ET AND DEATH
	331×			Cercle	ral	No	un	relay	14.	7
	gove rise to couse (o), stoting lying couse lost.		le	ereler	al M	rfe	rio.	clero	ses	>
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH	CONCENT OF RELATED TO	THE TERM	TRAL DISEASE	CONDITION GIVEN	I IN PART 1(o) 15	P. WAS AUTOPSY PERFORMED? YES NO W
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	URRED. (Enter noture o	of injury in	Port I or Port	Il of item 1B.)		
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yee	While	Not while of work	e. PLACE OF INJURY (foctory, street, office			or town)	(County)	(Stote)
	21. 1 certify of olive on 1/2	at Lattended the $28/60$	deceosed f		57 , 19 eoth occurred at	:45A	L/29/6 M, from t			the deceosed
	ACTUAL SIGNATURE	auces	8.7	2 Lear	(M.D. 49	Gre		et, city or town, sto	ote) 1/	DATE SIGNED 29/60
	PHYSICIAN'S NAME (Type)	Dr. James		Lean		mber	land,	Marylar	nd	
B	o. BURIAL, CREMATIC REMOVAL (Specify Urial . FUNERAL DIRECTOR	1/31/60	220	NAME OF CEMETER Green Mea	RY OR CREMATORY dows Ceme			ON (City, town, or		(Stote)
23		Hafer, Cum	berland		nd		EB 4 '6		hun S. Kra	

		ADHERED EVIOL		
Allegamy A	Maryland		vingeli.	
	enojudnila	7/12/57		
	Sig educa	County Influency	Allegany	
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Mr. Duniser and	Sustain' Trigg 2.0.80x 599 10 san County influer 1 san County	IA emo	restre of t	60 60 5 and
	1/23/60	77/22/57	05,68	\~
02/25/1	Joanett essenti Fyl	Sale Contract	5.530.324	
andbns	Dumberland, Anryl	A. Holosa	DIP. Junes	Virint.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 0074 CERTIFICATE OF DEATH

00101

1	b. CITY OR TOWN (If outside corporate RURAL and give nearest town) CUMBERLAND		MARYLAND	O. STATE MARYL						
)	RURAL and give nearest town)			INDIT I	ANU	b. COUNTY ALL	EGAN	1		
>			c. LENGTH OF STAY IN 16 6 DAYS	c. CITY OR TOWN (IF	autside corporate li SAVAGE	mits, write RURAL an	d give ned	arest town)		
	d. NAME OF HOSPITAL (If not in hospite of INSTITUTION HOSPITA	-	address)	d. STREET ADDRESS				e. IS RESTDENCE ON A FARM? YES NO		
3	3. NAME OF DECEASED (Type or print)	First WALTER	Middle B. WIN	lGERT Lost	4. DATE OF DEATH	Month JANUARY	2			
S	MALE 6. COLOR OR RAI WHITE	VIDOWE		B. DATE OF BIRTH APRIL 25.	los	E (In years birthdoy) Manth		IF UNDER 24 HR Hours Min.		
	0a. USUAL OCCUPATION (Give kind of wo during most of warking life, even if reti RETIRED MINER 3. FATHER'S NAME	ork done 10b. red)	KIND OF BUSINESS OR INDUS	PENNSYL	VANIA	12.0	U.S.	WHATCOUNTRY		
ľ	JOHN WINGERT			14. MOTHER'S MAIDEN						
1	S. WAS DECEASED EVER IN U. S. ARMED I	ORCES? 16.	SOCIAL SECURITY NO. 17. IN	WILHELMIA FORMANT WARW		OR I Aldred VE	NUE			
L	(Yes, no, or unknown) (If yes, give war or dates	or service)	14-9-6132 ME	MORIAL HOSPI	TAL - CUM	BERLAND,	MARYL	AND		
	PART I. DEATH WAS CAUSED B IMMEDIATE CAUSI OPEN Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying couse lost.	(b) (b) (c) Tro	thmati	Sattai Hip.	n j n	em		ET AND DEATH		
ű	PART II. OTHER SIGNIFICANT C	20h DESC	CRIBE HOW INJURY OCCURREN	V			ART 1(0) 1	PERFORMED? YES NO		
CAL CED	OR CONTRIBUTING CAUSE OF DEA	R) Feel	el eliar	a at hu	hon	w				
CIGRA	5/2 Kg/1/0. m. Jun 15	While	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, for tory, street, office bldg., et	m, 20f. (City or to	ge al	(County)	my ne		
	21. I certify that (i) (this haspi	tal) attend	1 1		A 47	12/ 19		at (1) (we) la:		
	saw the deceased alive and 1920, and that death accurred at 3:30, from the causes and an the date stated abave. 220. SIGNATURE ATTENDING PHYS. DIRECTOR DI									
	NAME (Type) DR. 9. E	. ENFI		A.D. PHYS. D	seela	ud	2	ud.		
1	BURIAL, CREMATION, 236 DATE THE	24,196		BURG LUTHE	PAN G	City, town, ar county	JB 4	PG-, PA		
24	4. FUNERAL DIRECTOR'S SIGNATURE	unlo	ADDRESS ADDRESS	ran Pa BATE JA	D BY REGISTRAR	25b. REGISTRAR'S				

9074 CHORROATS OF DEATH

MALTER B. STIME

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VS A1S (4) 15M 10/S7 06

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	CEDTIELCATE	OF	DEATH	

			-00	190	CERTIFIC	71	LOID	LAII				Reg. D	ist. No		
1. Pi	Alle	rany			MARYLAND	2.	O. STATE	ervla			institution OUNTY Legs		nce befo	ore admiss	ion)
Ь.		outside corporate lim	its, write	c.,LEN	GTH OF STAY IN 16		c. CITY OR TO	1	utside corpo	orote limits			give ne	arest town)
d		AL (if not in hospitol, o					d. STREET AD		4.480						IDENCE FARM? NO 🔀
3. N D (T	AME OF ECEASED ype or print)	Laura	rst		Middle Witt		Lost		4. DATE OF DEATH	Janu	Mon		Do	y ,	reor 9 60
S. SE	x Female	6. COLOR OR RACE White	7. MARI WIDOW		NEVER MARRIED		ATE OF BIRTH	5,187		9. AGE (I	-		R 1 YEAR Doys	IF UNDE Hours	
10a.	USUAL OCCUPATIO during most of work House	N (Give kind of working life, even if retired	done 10b.	KINDO	OF BUSINESS OR IND	USTRY	11. 8IRTHPLA			ountry)		12. CI	TIZEN C		COUNTR
13. F.	ATHER'S NAME					1.	4. MOTHER'S A	AAIDEN N	IAME						
	A:	lexander S	tevey	7			Hest	er W	inebr	enner					
VS. V	VAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.				RMANT . Bessi	le Ra	nkin,	Mt.	Save		Md.		
	PART I. DEAT 443 X Conditions, if on gove rise to in couse (o), stoling t lying couse lost.	he under-	1	ypa	entension		Hear	T D	Dese.	ase.	entra que de la constante de l		ONS	ERVAL BE	DEATH
02 (20a. ACCIDENT WAS	CAUSE OF DEATH	100 O	1 6	terns OW INJURY OCCURR							EN IN PA	RT 1(o) 1	PERFO	NO [2]
	Oc. TIME OF INJURY Hour o. m. p. m.	Medical examiner) Month, Doy, Yes	ar 20d. II While of wor	_ No	OCCURRED 20e. I	LACE octory,	OF INJURY (He, street, office b	ome, form,	20f. (City	or town)		/ ((County)		(State)
, S	21. I certify the colive on	of I offended the			m JUNG , and that deal TELL AS		curred ot_	1,00P	M, from	n the co	uses o	nd on t		te stote	
220.	BURIAL, CREMATION REMOVAL (Specify)				Cooks Cem		EMATORY		22d. LOCAT	rion (City ersbu			sylv	(Stote	
23. 6	UNERAL DIRECTOR'S	STONATURE	len H		nan, Pa.		2	ATE J	BY REGIST	RAR 24	b. REGIS	TRAR'S SI	GNATUI	RE	

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er death. Page 4

110	TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have then death	er deat
	moy be retained by the hospitol or attending physician.	
	* TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funera	funeri
	poge 3 should be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be	onld be
	the registrar priar ta buriol, cremotion, ar removol, and in any event within 72 hours after death.	1

VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00103

	CEDTIEICATE	OF	DEATH
0093	CERTIFICATE	Or	DEATH

Reg. Dist. No.

o. COUNTY Allegany	MARYLAND	o. STATE	here deceased lived. If institut b. COUNTY	ion: Residence before admission) Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporote limits, write f	
Mt. Savage d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION		d. STREET ADDRESS	Savage	e. IS RESIDENCE ON A FARM? YES NOY
NAME OF DECEASED (Type or print) Rebecca	Middle G	Vantz	4. DATE Mor	
s. sex 6. COLOR OR RACE 7. MARR Female White WIDOWE		8. DATE OF BIRTH Oct. 21st.	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	2-4-	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY USA
Samuel Garey		Lucinda		
(Yes, no, or unknown) (If yes, give war or dates of service)		informant rs.James Ho	use Mt. Sava	lress
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) 42 2 / DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)	rterio Cardia	- Schen	tic la dise	15 grs.
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	Somilite	1		VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURR	D. (Enter nature of injury in	Port I ar Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While p. m. 19 of work	Not while fo	LACE OF INJURY (Home, forroctory, street, office bldg., etc	n, 20f. (City or town)	(Caunty) (State
21. I certify that I ottended the decease olive an			ADDRESS (Street, city or town, Main St.,	that I last saw the decease ad on the date stated above stote) DATE SIGNE
PHYSICIAN'S H. C. Diehl		" Frost	burg, Md.	
20. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify) 1-25-60	St. George		22d. LOCATION (City, town, Mt. Savage	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE

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